01298

OF DECEASED: of mother)

give LOCATION)

2411 N. Charles St., Baltimore 181.

			2)
eg.	Dist.	No.	0	0

Prince George

mits, write RURAL and give nearest town)

3. (b) Social Security Number

			CERTIFICAT	TE OF DEATH
City or town(If outsi How long in above place of c Hospital, institution, or stre Spring.	Baltimo Catonsv de city or town li leath? 7 ye et address where Grove St	ille mits, write l ars. J death occurre ate Ho	espital month, 7 days	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State
4. Sex 5.	Color or race		te, married, widowed, or divorced	MEDICAL
male	white	n	arried	20. DATE OF DEATH Fobruar
		6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Nephritis, ac
66	?	?.	hrs min.	Hyperstatic p
9. Birthplace	Maryla (Town,	nd county, and	state)	Due to Chronic glome
				Due to Myocardial in
11. Industry or business	Carpen	tering		
E 12. Name Randolph Anderson Dither conditions				
14. Maiden name				
	77	2	•	
			ords	PHYSICIAN: Please underline the cause to
Address 17. Burnell (Burial, cremation, or Cametery or crematory)	removal. Which?	Date the	-28, Md. reof. 74, 94, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide Where did injury occur?
	na Hea	ngl	co.	Injured at home, farm, Industry, public place
	Bown	1, 4,		Doeling
Address	Jour	11	- woll Thilles	23. SIGNATURE ISAdore Tu

CERTIFICATION y 6 19 46 al 2:25 p M above stated: that I attended deceased from 19.38.... to February 6.... 19.46.... February 6 19.46 DURATION 5 days neumonia 3 hours rular nephritis Indef. sufficiency n 8 months of death) which death should he charged statistically causes, fill in the following: (County) Injured at work? Registrar Address Catonsville-28, Md. Date Signed 2/6/46

Supply every item of information carefully. The case write the causes of death clearly and legibly

ADING INK. Supp Physicians: please

important.

PLAINLY, v is especially i

WRITE

PLEASE.

FEBIL 1948 *
BURFAU V E

correct age

FEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and regibly

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or town	D-1+1		
How long in above place of death? 9 Hrs. 10 Minutes	(If outside city or town limits, write RURAL and give nearest town)		
Nospital, Institution, or street address where death occurred: Vets. Adm. Hosp. Ft. Howard, Maryland	Street No. 312 Dale Avenue		
How long in hospital or Institution? 9 Hrs. 10 Minutes	(If rural, give LOCATION) 2.(a) If veteran, name war		
	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
OLIVER H. BAILEY			
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH February 15, 19.46 9:20 Am		
6.(b) Name of husband or wife Carolyn Bailey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	February 15, 18 46 to February 15,18 46		
7. Birth date of	and that t last saw h im alive on February 15, 1946 19		
deceased (mo., day, yr.) 4-14-95	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Bronchogenic Carcinoma left lung Unknown		
50 10 1			
9. BirthplaceCove Point, Maryland	Due to		
1D. Usual occupation Brick Layer	Due to		
11. Industry or business			
12. Name Basil Bailey	Other conditions Broncho-pneumonia		
2 13. Birthplace Maryland			
14. Malden name Mámie Lake	(Include pregnancy within 3 months of death)		
Baltimore, Maryland	Major findings of operations		
15. Brimpiace	Date of op.		
16. Informant Clinical Records, Vets. Adm. Hosp. Address Ft. Howard, Maryland	Autopsy results. Bronchogenic carcinoma left lung PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
Burial Date thereof 2/19/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or cromatory Pankyrod	Where did injury occur?		
Location Parkville Md.	Injured al home, farm, Industry, public place (where?)		
18 Funeral director Wm. Cook Inc.	Means of Injury Injured at work?		
Address St. Paul & Preston Sts., Balto., Md.	ans alla		
10 2/16/46 10 and Hedrick	23. SIGNATUREA. M. BALTER, LT.COL., M.C. M. OLAN DER.		
(the registrar) Registrar	Address Ft. Howard, Md. Date signed 2-15-46		

Swelging to the state of the st adding region to Additional to the second of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01300

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
	State Md. county Baltimore		
City or town	City or town		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME Ella May Bakev.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH Jet 1 19 46 at 12 5 M		
8.(b) Name of husband or wife Columbus W. Baker 8.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) Nov. 28, 1876	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Years Months Days tf tess than one day 69 2 3 hrsmin.	Immediate cause of death Mufocacults acuts Seglutto supervile 6 2005		
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Housewife 11. industry or business	Bue to Serman branch property in the		
12. Name George W. Fenton Va.	Dther conditions		
14. Maiden name Messick Md .	(Include pregnancy within 8 months of death) Major findings of operations.		
16. Informant Mr. David W. Baker Address 4400 Towanda Ave.	Autopsy results		
Transit Permit (Burial, cremation, or removal Which?) Cemetery or crematory Odd Fellows Cemts.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Location Seaford Del. 18. Funeral director Wm. J. Tickner & Sons Balto. Md.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
19. 19. 19. 19. 19. 19. 19. 19. Registrar	23. SIGNATURE M. D. or other Address Y Kurshipshi Date signed 2/2/4/6		

RECIEVED FEB 8 1945 AND RESERVED. BUREAU V.S 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01301

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdenge of mother) State City or town (If outside city or town limits, write-RURAL and give nearest town) Street No. 3.9. (If ryral, give LOCATION)
	2.(a) If veleran, name war.
3. (a) FULL NAME 4. Sex 5. Color or face 6. (a) Single, married, widowed, or divo/ced	13. (b) Social Security Number
Female White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
7. Birth date of deceased (mo., day, yr.) Aug. 17. 1942	and that I last saw he alive on 18.
8. AGE: Years Months Days tf less than one day	Immediate cause of death DURATION Tracker be wyngthing Ledens
9. Birthplace Must M. Markettal Hankettal (Town, county, and state)	Due to.
21	Due to
11. Industry or business 12. Name Supplies Felson Ball 13. Birthplace Supplies Felson Ball	Other conditions
14. Maiden name Ailelys Havet	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Frederick, Md.	
Address 3 9 Bloom Sheyen Bue, Patonina	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. State of the second of the	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Alanda Ballanda Land Land	Where did injury occur? (City or town) (County) (State)
Location Mountain Balto, Co. Mah.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Collisations. Some	Means of Injury Injured at work?
Address 608 Freeherick Ane Cators Ma	23. SIGHATURE Supply M. D. or other
19. (Date rec'd by registrar)	Address Catanonile CMM vate signed 2-26-4

VS A15

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore (3-a)

CERTIFICATE OF DEATH

01302 Reg. Dist. No. 36

1. PLACE OF DEATH: County / Saltarove Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
P - (73.11.000/2	State WD County / 3 allung	in
(If outside city or town limits, write RURAL and give nearest town)	City or town Catoryvilla	1
How long in above place of death?	(If outside city or town limits, write RDRAL and give neares	t town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)	
How long In hospital or institution? 4 Days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nur	mber
Elizabette de Veacux Kura	way Teale	
4. Sex 5. Oblor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jen Co. Cerdowed	20. DATE OF DEATH Lele, 22 19.46, at	94/
6.(b) Name of husband or wife Seo, Blow Beale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	7
		2 19 44
7. Birth date of School 1 alive, give age years	and that I last saw h. E. V. attve on . Fele 22	19.4
deceased (mo., day, yr.) 8 ACE: Years Morrhs Days It less than one day	Immediate cause of death	DURATION
M. M	Cerebral Ben,	4 oay
/8 /D /hrsmin.		
9. Birthplace IS al to Co (Town, county, and state)	Due to attico seleveres.	Jrs.
10. Usual occupation / dousewife		
11. Industry or business	Due to	
-	Other conditions wild attack centered	000000000000000000000000000000000
12. Name Gers Calous ville, Lee	12em. 400 28.1945	***************************************
	(Include pregnancy within 3 months of death)	
14. Malden name Elip. Cooke Powel 15. Birthplace (forces) Co, Uro,	Major findings of operations	
El 15. Birthplace (Parallel 1900)	Date of op.	
16. Informant Well Tracel Tecroscay	Actopsy resolts	intian II w
Address Cartousvelle Mid 1940		isucany.
17. Bure Date thereof FEF 25	22. VIOLENCE: If death was due to external causes, ftil in the tollowing;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	State)
Location Spalls. That	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Henry Howkens Amo Co	Means of Injury Injured at work?	
Address M. Callot Orchard St.	CELET SILVALINA	3
Lat Ul Alla Halland	23. SIGNATURE M. D., or o	ther
19. 2/20 19 X 6 7 CC / FEARLE	Tayall Charlesty 2	1294

Registrar

VS A15

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

013032

CERTIFICAT	TE OF DEATH Reg. Dist. No. 43		
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town) 302 Ridge Road (If rural, give LOCATION) 2.(a) tf veteran, name war.		
3.(a) FULL NAME Margaret Beelen	3. (b) Social Security Number		
Female White Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION F'eb 6 1946 20. DATE OF DEATH		
8.(b) Name of husband or wite. Henry Beelen 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb 11 1863	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 4.6., to		
8. AGE: Years Months Days If less than one day 82 11 26	Immodiate cause of death DURATION Cosonery Marinellonis - Sulch		
9. Birthplace Ballimore County (Town, county, and state) 10. Usual occupation at home 11. industry or business	Due to Carteria - Sulgistic - Cardia Nanului disease Due to.		
12. Name Conrad Milchling 13. Birthplace Germany	Dither conditions		
14. Malden name Unknown	Major findings of operations		
16. Intermant John H Seifert Address 302 Ridge Road	Antopsy results		
Burial (Buriai, eremation, or removal. Whileh?) Cemetery or crematory St Peters Lutheran Fullerton 18. Funeral director 7401 Belair Road	22. VIOLENCE: If death was due to external gauses, fill in the following: Accident, suicide, or homicide		
Date rec'd by registrar) 1946 Mrs 9. I. Referring Registrar	23. SIGNATURE III M. D. or other Address Date signed D 5-46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

Dr Baumgard ner Phila Rd + Golden King

FEB 13 1946

BUREAU V. E.

V. S. No. 1

1. PLACE OF DEATH County Brack with the Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Review 1998 1999 1999 1999 1999 1999 1999 199	1. PLACE OF DEATH	940 (11304
Langth of residence in city or town where death occurred. 15. How long in U. S. If of foreign birth? 15. How long in U. S. If of foreign birth? 15. How long in U. S. If of foreign birth? 15. How long in U. S. If of foreign birth? 15. How long in U. S. If of foreign birth? 15. How long in U. S. If of foreign birth? 15. Ward. 16. How long in U. S. If of foreign birth? 17. Ward. 18. Ward. 19. Martin Birth Control of the word of whole of the word of t	County Baltimose	Registration Dist. No. 33
Length of residence in ety or town where death occurred 713,mosds. 2. FULL NAME		
2. FULL NAME (a) Residence: No. (b) Barried abodo St. Ward. Ward. If nonvident give eby or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHIGLE, MARKED, WARDONED, OR DIVORCED Countrie the various of the properties of the pr		
(a) Residence: No. (Unabliface of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. II married, widewed, or divorced (cr) WHE of (cr) WHE of (cr) WHE of (cr) WHE of B. DATE OF BIRTH (month, day, and yeer) 7. ACE Years Month Days II LESS than 1 day. Are, Or. II married, profession, or particular SAWYER, BOOKEEPER, etc. ANYER, BOOKEEPER, etc. ANYER, BOOKEEPER, etc. SAWYER, BOOKEEPER, etc. Date of BRITH ACCESSION, That I ettended deceased from the Accessed fr	0 0000	2014
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKHED, WIDOWED, OR DIVORCED (write the word) WORKED (write the word) 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I eltended deceased from 1940, to 900 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the date stable box, et./a. 1946; death is said to have occurred on the da		St Ward
3. SEX J. 4. COLOR OR RACE S. SHRGLE, MARRIED, WIDOWED, OR DIVORCED Corner the word) 56. If married, widowed, or divorced (Month) (Day) (Year) 6. DATE OF BIRTH (month, day, and year) Jan. 25 - /88 / 1 liast saw N.P.V. alive on. Jan. 38, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. death is said to have occurred on the date steefs above, at Jan. 36, 1946. d		
OR DIVORCED (white the word) So. II married, wislowed, or divorced HUSBAND of (Or) WIFE of Control	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of David H. Bolt	OR DIVORCED (write the word)	February 5 ,198/6
6. DATE OF BIRTH (month, day, and yeer) 20 188 11. AGE Years Months Days If LESS than 1 day, hrs. or. min. 8. Trade, profession, or particular sind of work done as SPINNER. Advisor of the profession of particular sind of work done as SPINNER. SAWER, BOOKEEPER, etc. Advisor of the profession of particular sind of work was done as SIIK MILL, SAW MILL, BARK, etc. Advisor of the profession of particular spent in this occupation month and year). 10. Date deceased last worked at this occupation month and year). 11. Total time (vears) spent in this occupation (month and year). 12. BIRTHPLACE (city or town). Baltimase. Mad. (State or country) 13. NAME Hilliam B. Rawling B. (State or country) 14. BIRTHPLACE (city or town). Baltimase. Mad. (State or country) 15. BIRTHPLACE (city or town). Baltimase. Mad. (State or country) 16. BIRTHPLACE (city or town). Baltimase. Mad. (State or country) 17. INFORMANT Material Rawling B. (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place. A specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (City or lown). Cannot specify the profession of deceased? It is opening to a specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER E. d. a. a. a. S. SaueDate. F. S. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Depth as the profession of deceased? It is opening to a specify of the public occupation of deceased? It is opening to a specify of the public occupation of deceased? It is opening to a specify of the public occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation of deceased? It is opening to a specify occupation occupation	HUSBAND OF (or) WIFE of armos gr. Belt	The state of the s
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which say that the same particular kind of work dome, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which say that the same particular kind of work dome, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which say that the same particular kind of work dome, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which say that the same particular kinds of the same particular kinds	6. DATE OF BIRTH (month, day, and yeer) Jan 25 - 1881	
8. Trade, profession, or particular sind of work done as SPINNER. SAWYER, BOKKEPER, etc. 9. Industry or business in which SAWYER, BOKKEPER, etc. 10. Date deceased last worked at his occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANE 18. BURIAL, CREMATION, OR REMOVAL Place. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. D. Date of country Informany And Company And Company		
8. Trade, profession, or particular Name of SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) M. D. M.		warn as follows:
Other Contributory Canases of importance: 12. BIRTHPLACE (city or town) Baltimose, Marking Market and Contributory Canases of importance: 13. NAME Hilliam G. Rawlings Market and Contributory Market and Contributory Canases of importance: 14. BIRTHPLACE (city or town) Baltimosel, Market and Garden	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
Other Contributory Canases of importance: 12. BIRTHPLACE (city or town) Baltimose, Marking Market and Contributory Canases of importance: 13. NAME Hilliam G. Rawlings Market and Contributory Market and Contributory Canases of importance: 14. BIRTHPLACE (city or town) Baltimosel, Market and Garden	9. Industry or business in which work was done, as SILK MILL,	(died suddenly)
Other Contributory Consess of importance: Other Contributory Conses	2 Spatt III (112)	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Have the country 10. Country 11. UNDERTAKER (Address) 12. UNDERTAKER (Address) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Manner of linjury Nature of Injury 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Addre	D D4 . O	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 10. FILED 10. State or country Name of operation. Oate of. What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Oate of. What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurr? Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Oate of. What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurr? Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Oate of. What test confirmed diagnosis? Was there en autopsy? 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Oate of. What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Native did Injury occurr? Where did Injury occurr? Where did Injury occurr? Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify whether injury occurr? Specify city or town, county and State) Specify city or town, county and State) Specify city or		Arterio Delerofis
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANC Adverse Rowlings (Address) Was there en autopsy? Accident, suicide, or homicide? Operation of the diagnosis? Operation of decessed? Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Howe of the way did to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Operation of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Howe of Injury 19. UNDERTAKER (Address) Howe of Injury 24. Was disease or injury In any way related to occupation of decessed? If so, specify (Signed) Operation of decessed? If so, specify (Signed) M. D.	13. NAME Hilliam 6. Rawlings	Afficient 110 to go to for
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANC Adverse Rowlings (Address) Was there en autopsy? Accident, suicide, or homicide? Operation of the diagnosis? Operation of decessed? Manner of Injury Nature of Injury Nature of Injury 19. UNDERTAKER (Address) Howe of the way did to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Operation of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Howe of Injury 19. UNDERTAKER (Address) Howe of Injury 24. Was disease or injury In any way related to occupation of decessed? If so, specify (Signed) Operation of decessed? If so, specify (Signed) M. D.	14. BIRTHPLACE (city or town) Baltimore, Ind.	Name of operation
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Woodansburg Manner of Injury Place The seart Grave Date Fab. 8, 1946 Manner of Injury Nature of Injury In any way related to occupation of decessed? (Address) Home Stead Manner of Injury In any way related to occupation of decessed? (Address) Home Stead Manner of Injury In any way related to occupation of decessed? (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HO	1 (State of Country)	What test confirmed diagnosis? Was there en autopsy?
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Woodansburg Manner of Injury Place The seart Grave Date Fab. 8, 1946 Manner of Injury Nature of Injury In any way related to occupation of decessed? (Address) Home Stead Manner of Injury In any way related to occupation of decessed? (Address) Home Stead Manner of Injury In any way related to occupation of decessed? (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HO	15. MAIDEN NAME Margareles a. miles	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT About Rawlings (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Wooldmarburg and State) 18. BURIAL, CREMATION, OR REMOVAL Place There and Grave Date Fab. 8, 1946 Manner of Injury 19. UNDERTAKER Fabora C. Tiptaur (Address) Home Steed Manner of Injury In any way related to occupation of decessed? (Address) Home Steed Manner of Injury In any way related to occupation of decessed? (Signed) Ogsul C. Standle M. D.	16. BIRTHPLACE (city or town) Saltimetra, and.	
(Address) Woodanabuty Man. 18. BURIAL, CREMATION, OR REMOVAL Place The seart Grave Date Fab. 8, 1946 19. UNDERTAKER Edward C. J. Ataw (Address) Home stead. Md. 20. FILED Fab. 6, 1946 (Ogry B. Eline.) (Signed) Ogril C. Standle M. D.	010 00.0	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place PLana Date Fab. 8, 1945 19. UNDERTAKER Edward C. J. Plana (Address) Home Stead, Md. 20. FILED Fab 6, 1946 Obry B. Eline. (Signed) Oyul C. Standle M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place The Seart State Date Leb. 8, 1946 Nature of Injury 19. UNDERTAKER Edward C. Signal 24. Was disease or injury In any way related to occupation of decessed? (Address) Home Stead. Nd. 15 so, specify 20. FILED Fale 6, 1946 (Ogry B. Eline. (Signed) Ogril 6. Standle M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) Hampstead, Md. 16 so, specify (Signed) Oyrel 6. Staroble M.D.	Place 12000 Ant Grane Date Fab. 8, 1946	
(Address) Hampstead, Md. 16 so, specify (Signed) Oyrel 6. Staroble M.D.	19. UNDERTAKER Edward C. Tistan	24. Was disease or injury in any way related to occupation of decessed?
20. FILED I. A. J. 19. 4. (19.4.4.1.)		
	20. FILED Fal 6, 1946 Mary B. Eline. Registrar.	0 240 4 - 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis Q	3 days ago
		A STATE OF THE STA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

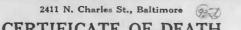
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICAT	TE OF DEATH Reg. Diat. No. 28
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in tants give residence of mother) State
3.(a) FULL NAME George F. Bess.	3. (b) Social Security Number
8.(4) Hame of husband or wife B Resulu B Resu	MEDICAL CERTIFICATION 2D. DATE DF DEATH. February 18 1946, at 4:30Pm 21. I CERTIFY that death occurred on the date above stated; that Jatteyded deceased from 1946 to February 18 1946
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Conths Days tf less than one dayhrsmin.	and that I last saw him alive on Jeffer 4 6. Immediate cause of death DURATION Corbusty Culture 9 lines.
9. Birthplace Town, county, and state) 10. Usuat occupation. Lawrence (See Section 11. Industry or business	Due to S Hypertrusian
12. Name Bandon Sandar	Other conditions
18. Informant BROWN BROWN BLOWN BANK Address 7/3 / NO Sheed Hill JANSON Bate thereof Charles (Jan 17) (Burial, cremation, or company Which?) Date thereof Charles (Jan 18) (J	Autopay results
Cemetery or crematory LEADAWY ROLL CO. Location Townson M. A. Balto Co. 18. Funerat director Manual St. Dalto 2- M. Address J. M. Square St. Balto 2- M.	Where did Injury occur?
19. Flf 2/ (Date rec'd by registrar) 19. 46 (Water leaf 2) Registrar	Address Jursan - 4 W Date signed 1/19/146.

2411 N. Charles St., Baltimore



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		CERTITICAL	L OI DEATH	Reg. Diat. No	••••••
1. PLACE OF DEATH: Baltimore			2. USUAL RESIDENCE (HO (For newborn infanta give re	ME) OF DECEASED:	
			State Maryland	County	
(If outside sity or town limits write RIRAL and give pagest town)				town limits, write RURAL and give nea	
	, or street address where		Sireet No. 109 Aisc	with Street	
		Hospital		rural, give LOCATION)	
How long In hospita	al or Institution?	12 yrs. 22 days	2.(a) If veteran, name war		
3. (a) FULL NA	Edwin J	. Beveridge Beau	veridge)	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDI	CAL CERTIFICATION	
male	white	single	2D. DATE OF DEATH. Februs	ry 2 19.46	4:05 a
			21. I CERTIFY that death occurred on January 10,	the date above stated; that I attended decea	sed from 219.46.
7. Sirlh date of			and that I last saw h im alive on	February 1,	19.46
deceased (mo., da	ay, yr.) Decem	ber 11, 1879			DURATION
0. 11011.	ears Months	Days If less than one day			
66	6 1	21hrsmin.			
	D			rditis	
9. Sirthplace Pennsylvania (Town, county, and state)			Due to		******************
1D. Usual occupation. OOOK					***************************************
11. Industry or business odd jobs			Due to		***************************************

12. Name Robert Beveridge Desveridge			Other conditions		*************************
13. Birthplace Pennsylvania				within 3 months of death)	
14. Maiden na 15. Birthpiace	Pennsylv		Major findings of operations		****************
≥ 15. Birthplace	rominay Iv	ania	Date of op.		
16. Informant	Hospital rec	ords	Autopsy results		
			PHYSICIAN: Please underline the cause to which death should be charged statistically.		statistically.
Address	. 0	1/	22. VIOLENCE: If death was due to	external causes, fill in the following;	
17.	rial	Date thereof (month) (day) (year)		Date of	
(Burial, cremation, or removal, Which?) (month) (day) (year)					
Cemetery or cres	matory	aguillo de la companya della company	U .	or town) (County)	
Location 13	alto low	my Maryland.	Injured at home, farm, Industry, publi	c place (where?)	, . ,
	Her.	Pala	Means of Injury Injured at work?		
18. Funeral directo	- word	La Common de la Co	Da	here fresh	
Address 21	101 trea	wick avenue	AS GIGNATURE	m - 1- 14 5	
1 11 (1.10.)			23. SIGNATURE	Tuerk, M.D. M.D.	or other
19. (Date rec'd/h	y registrar)	Registrar	Spring Grove Hospital, Catonsville, Md		
(Date Ice d/D)	,	and the second	Vanigpg		V = V = 4.4.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death-elearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County. City or town. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced B.(b) Name of husband or wife Sallitt B.(c) If alive, give age years	20. DATE DF DEATH		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 3 7 3 2.5	Due to		
11. Industry or business XI	Other conditions		
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Oqunty) (State) Injured at home, farm, industry, public place (where?) Mesns of injury (Mark) (State) 23. SIGNATURE (State) Address (Date of A. 7. 5. 46. Address (Date of A. 7. 5. 46. Date signed (State) Date of A. 7. 5. 46. Address (Date of A. 7. 5. 46. Date o		



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50.

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- 14 :	-	-	- ^	3.4	A 1 14	1 1 1 1	•		_

Reg. Dist. No.

1. PLACE OF DEATH: Baltimore Baltimor	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland County Baltimore	
Cowenton (If outside city or town limits, write RURAL and give nearest town)	0	
Now long in above place of death?	COWENTON (If outside city or town limits, write RURAL and give nearest town) Philadelphia Road	
Philadelphia Road	Street No	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Elsie B Bowers	None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE DF DEATH Feb 19 1946 6/15 AM	
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that Taijended deceased from	
E (a) If allow give age	Star 1, 4519 10 Feb 18 186	
7. Birth date of deceased (mo., day, yr.) July 25 1895	and the last saw h alive on 40 18 45 19.	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
50 6 25hrs. min.	Carcinome + But	
Poltimone County		
9. Birthplace Baltimore County (Town, county, and state)	Due to	
1D. Usual occupation	Bush	
11. Industry or business	906 (0	
12. Name Thomas A Biddison	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Florence Earle		
14. Maiden name Florence Earle 15. Birthplace Baltimore County	Major findings of operations	
16 Informant Andrew J Bowers	Autopsy results.	
Address Cowenton Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
NAME (CO.)	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial (Burial, eremation, or removal, Which?) Date thereof 2/22/46 (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory Parkwood	Where did injury occur?	
tocation Taylor Ave Baltimore	Injured at home, farm, Industry, public place (where?)	
18. Fugeral director Lassa hu Frances Lone	Means of Injury Injured at work?	
Address 7401 Belair Road	DK . T . 1.	
Harris 1202 DOZALI MORU	23. SIGNATURE M. D. Or other	
19. Tel 20 19 46 W.M. Tammett Registrar	Address 29368-301 Date signe2-1546	

2936 E 13 alto WO 4263 FEB 26 1945 BUREAU V.B.

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

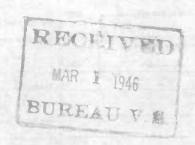
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. 4	Reg. Diat. No.

M. D. or other

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Wm. Benjamin Burk	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Singled	MEDICAL CERTIFICATION Feb 23 1946 7.40 PM 20. DATE OF DEATH. 19
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3 10 7 3 19 7
8. AGE: Years Months Days If less than one day 11 19	Due to. Hyperlances Duranty Strombase Duration Due to. Hyperlances
E 12. Name John C Burk Germany	Dther conditions
14. Malden name Lynde C Haman Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations
George H Burk	Date of op.
Address Sweet Air Phoenix P.O. Md	Autopsy results
Burial 17. Burial 18. Funeral director Address Burial Bate thereof (month) (day) (year) (month) (day) (year) Sweet Air 18. Funeral director Address 7401 Belair Road	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
	23. SIGNATURE OF ACT. SUCCESSION OF A

Address.....

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MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01310

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Woodlawn (If outside city or town limits, write RURAL and give nearest town)	State Md. county Baltimore
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 5607 Windsor Mill Road
5607 Mindsor Hill Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Ora V. Cameron	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH February 28 1946 at 755 A
6.(b) Name of husband or wife George W. Cameron	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Newsombors 5 1881	and that I last saw h. E.T. alive on 1946
deceased (mo., day, yr.) November 5, 1881	Immediate cause of death DURATION
8. AGE: Years Months Days tfless than one day	and with them + Much 1hr
64 2 23hrsmin.	Failer O Ed Corney arting
9. Birthplace Carroll County, Md. (Town, county, and state)	Due to Distance) - (3mos
10. Usual occupation Housewife	
11. Industry or business At Home	Due to
	Other conditions Games Pulmony
12. Name James N. Fox 13. Birthplace Carroll County, Md.	611
	(Include pregnancy within 3 months of death)
14. Malden name Sarah M. Sharrer 15. Birthplace Carroll County, Md.	Major findings of operations
	Date of op,
16. Informant Mr. George W. Cameron 5607 Windsor Mill Rd., Woodlawn	Autopsy results
AU UI (53	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loursine Cemetery	Where did injury occur?
Location Rooolewn 16	Injured at home, farm, industry, public place (where?)
18. Fareful director Malles Lauro TEall	Moons of Injury Injured at work?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, 10 H B BC X
	23. SICHATURE TAVE I CANADA
19 March 2 1946 a.W. Nedrich (Date rec'd by registrar)	Address 4509 Liberty Hgts Ave. Date signed.
(Date ree u by registrar)	Audicas

W)	The
	carefully supplied.
MAKGIN KESEKVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.
•	WRITE PLAINLY,
VS. Alb	PLEASE correct ag

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3-6)
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County (Manufactual)	(a) State Mol (b) County	
(b) City or town (lif outside city or town limits, write RURAL and give town)	(c) City or town Battimaie	
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL as	nd give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-3-1939	(d) Street No. 2036 Brookfield ase,	
	(e) If foreign born, how long in U. S. A.?	years
0// 7000 7000 7		,
3 (a) FULL NAME Jonas Caplan		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	CPM
No.	20. Date of desth Jebruary 5, 19 Y6 at	
4. Sok 5. Color or race 6 (a) Single, married, widowed, or divorced. Widowed.	21. I certify that death occurred on the date above stated;	
	ed deceased from May 3, 19 39, to Jelius	19.46,
6 (b) Name of husband or wife	and that I last saw him alive on the 19 41	a.
6. (c) If alive, give age years	Immediate cause of death	Durstion
7. Birth date of deceased (mo., day, yr.) Dec. 14 1871	Tulmonory Tulercelosis	
8. AGE: Years Months Days If less than one day	Due to	0
74 1 21 hrmin.	Myo cartial College	Loyer
9. Birthplace Chernigor, Russia	Due to	
(Town, county and state)	Other conditions oronny Thromboses	
10. Usual occupation Castilla.	(Include pregnancy within 3 months of death)	PHYSICIAN
S Wall Co	Major findings:	Underline the
12. Name Cupie	Of operations	cause to which death should be
× D	Of autopsy	charged statisti- cally.
14. Maiden Name FREiela PEUZNEV 15. Birthplace Russia	22 16 Joseph was due to sustained source (ill in the full con-	
0 8-10-	22. If death was due to external causes, fill in the follow (a) Accident, suicide, or homicide	
16 (a) Informan Oak 6 april 2	(b) Date of occurrence	
(b) Address 3704 W Garrison ave	(c) Where did injury occur?	
(Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal)	(City or town) (County) (d) Did injury occur about home, on farm, industrial pl	(State) ace, in public
(c) Cemetery or crematory	place?While at work?	
Location 1.9 slagell	(Specify type of place)	
18 (a) Funeral director facts from the	101 . 4 5 01	1 1
(b) Address (1) 6 4 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6	M. D. or	other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address 6118 Park Heights Water signed	

Married Colored Male Mary Cardwell 6.(b) Name of husband or wife6.(c) If alive, give age .. 7. Rirth date of 5-10-88 deceased (mo., day, yr.) If less than one day 8. AGE: Months Days 21 57hrs. Virginia (Town, county, and atate) Unemployed 10. Usual occupation... 11. Industry or business Peter Cardwell Virginia 13 Righniace 14. Malden nam 14. Malden name Hannah Carey Virginia 16. Informant Clinical Records, Vets. Adm. Hosp. Ft. Howard, Maryland

1617 McCullough Street (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION February 1, 19 46 , 12:15 P. 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from January 28. 1946 to February 1 1946 and that I last saw h. im alive on February 1. DURATION Immediate cause of death..... Nephritis. Parenchymatous chronic 4 Mos. plus (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

(City or town)

injured at home, farm, industry, public place (where?)

(County)

Injured at work?

BALTER LT.COL. MyG. orCLIN.DIR.

Fort Howard, Maryland ate signed 2-1-46

Where did injury occur?

Means of Injury

PLAINLY, vis especially

Cemetery or crematory Grateon a

causes

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UNEAL INK. Every item of information should be carefully. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH correct age is especially important.

VS 151

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address. Jexas	(a) State (b) County Baltonia
(c) Hospital or institution: Bacto. Co. W.J.	(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country? (Yea of No) If yes, name country.
3 (a) FULL NAME Benjamin J. Chaffman	-, Jr.,
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or	20. DATE OF DEATH 2 - 2/- 19 K G at C. M
luste Mil divorced. Junte	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife	Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) Max. 311917 8. AGE: Years Months Days If less than one day	to his death on the day stated above, and death in my
	opinion resulted from: natural causes , accident , suicide .
	homicide, undetermined and that the causes of death were:
9. Birthplace allegany to md	IMMEDIATE CAUSE OF DEATH.
10. Usual Occupation Muchinish	Bullit nous of brain
11. Industry or business Black & blecker to	
# 12. Name Ben 7. Challman Se.	Due to
13. Birthplace Balto Alo ma	1
G 0' 50 10	Other Conditions
15. Birthplace Culpepper Ja.	(Include pregnancy within 3 months of death)
16 (a) Informant Russell M. Chaffman	
01 - 00 100	22. If an external cause was primary for contributing acuse of death, fill in the following:
(b) Addres of a - maxwell Hield (1)	(a) Date of injury 2 - 1,9 ? at P. M.
(Burial, cremation, or removal) (month) (day) (year)	(b) Where did injury occur? Jers as lus.
(c) Cemetery or crematory	(c) Did injury occur at home, on farm, industrial place, in public
Location Cooleymello, med	place? Home While at work? Go
18 (a) Funeral director. Lender on Bush	(d) Means of injury Rifle bullit mours 2 head.
(b) Address Souls mel	23. Signature Horas L. Wiesen M.D.
19 (a) 2'-26 (b) 46 Willner G / nsor	Date signed 2 - 25-46 Medical Examiner.
rDate recid by registrar) Registrar	

Medical Examiner.

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LEASE WRITE PLAINLY rrect age is especially imp

18 (a) Funeral director. (b) Address

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

ero.

Medical Examiner.

C/-	2 01 22/111
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County Belling (c) City or town (If outside city or town limits, write RURAL and give town) (d) Street No (e) Citizen of foreign country? (If rural give location) (Yes or No) lf yes, name country.
(e) Length of stay in Baltimore (yrs., mos., or days)	au
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 2-21- 19K6, at P. M
Tempe Mit divorced. suige	21. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained Autopsy, Inspection or Inquiry
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 25 4 29 hr	by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes _, accident _, suicide _, homicide _, undetermined _ and that the causes of death were
9. Birthplace (County, and state) 10. Usual Occupation	Bules mount of brain
19 12. Name Beny. I Chapfman h	Due to
= 14. Maiden Name (Alle March)	Other Conditions (Include pregnancy within 3 months of death)
16 (a) Informant Justell 7 Chaffings (b) Address J. A. Maxwell 17 (a) Discontinuo (Burial, cremation, or removal) (c) Cemetery or crematory Poplar Location Conference M. M.	22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury 2-19? (b) Where did injury occur? (c) Did injury occur at home, on farm, industrial place, in public place? While at work?
10. Usual Occupation 11. Industry or business 12. Name Deur J Chapfman In 13. Birthplace Dalta Marsh 14. Maiden Name Pelia Marsh 15. Birthplace Culpeppe Ta 16. (a) Informant Deusell 7 Chapfman In 18. Daniel Taller Chapfman In 19. Daniel Taller C	Due to Other Conditions (Include pregnancy within 3 months of deceated and the following: (a) Date of injury 2-19? (b) Where did injury occur? (c) Did injury occur at home, on farm, industria

23. Signature

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltime

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ore	Hhow	

CERTIFICATE OF DEATH

01316	P
Reg. Diat. No	

1. PLACE OF DEATH: County July 100	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County 20
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	I de l'Alle anne de all
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles C. Col	e & voue
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of	and that I last saw halive on
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
112 0 7 min.	Consulta Olimania
	E fue is las
9. Birthplace Julianion 1415	Due to
(lown, county, and state)	
1D. Usual occupation Blad Suttle Silver	Due to Charles 12 1. W.
11. Industry or business	to slows 10 /2
# 12, Hame // 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Diher conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
E 14. Malden name Add Land Hours	Major findings of operations
14. Maiden name Alask Usa Khili in Stark Will. 15. Birthplace	
16. Informant II will side & Gentle	Antopsy results
Address 1,15 ald hower (80)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
91011	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriar, cremation, or removan winch) (month) (day) (year)	
Cemetery or crematory	Whera did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director fill by the best of the second of the	Means of injury Injured at work?
Address 13/4 4 4 4 4	23. SIDNATURE
19 2-6 1946 awfferfresh	3. Signature. M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

01317 × Reg. Dist. No. 4/

CLRITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME La 4. Sex 5. Bolior of race 6. (a) Single, married wildowsel, or divorced	Caleman 3. (b) Social Security Number
7 Chegro Infant	MEDICAL CERTIFICATION 20. DATE DF DEATH. Telephone 22. 19.46 at
6.(b) Name of husband or wife	and that I last saw h. It alive on Seeday Trusqual 19
8. AGE: Years Months Bays If less than one dayhrsmin.	Immediate cause of death Brondmar Imparation DURATION
9. Birthplace	Due to
	Que to
11. Industry or business 12. Name Whitelean Hodgle 13. Birthplace	Other conditions
14. Maiden name. Kebier Fearl Coleman 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations
Kalin Pala	Date of op.
Address 103 Pauleski, Orli	Autopsy results
17. Burial, cremation, or removal, Which?) Date thereof. 2-73-46 (month) (day) (year)	22. VIGLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homielde
Cemetery or crematory gut aulium	Where did injury occur?
Location Della Marie July	Injured at home, farm, Industry, public place (where?) Means of Injury Injured et work?
Address 802 madison and.	or SIGNATURE Stilliam & Trade, M.D.
Tel-23 46. a.w. Hebrich (Date rec'd by registrar) (Registrar)	23. SIENATURE M. D. or other Address / 40 Oak leve Bate signed 2-22-76

FEB 23 1946

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	N. B.—WRITE PLAINLY, WITH UNTADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1	WRI matio
V. S. No. 1	B.
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			F MAR	YLAND-	CERTIFICATE OF DEATH	
	CE OF DEA	0			(8) (1318)	
	ity 13	eltimo			Registration Dist. No. 33	
Villa	ge or City Do	visville	d		ND. St., If death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Lengt	h of residence in ci	ty or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmos	iber)
2. FUL	L NAME	allias &	12 Kinle	4 Cornett	<u>t</u>	
(a) l	Residence: No	3,000)	St., Ward.	
			(Usual place		If nonresident give city or town and Sta	ite
3. SEX	RSONAL AN	R OR RACE			MEDICAL CERTIFICATE OF DEATH	
m		W-		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 25 Structy 25 (Month) (Day)	92/-6 (Year)
5a. If married HUSBAI (or) WI	d, widowed, or divo ND of FE of	rced			22. HEREBY CERTIFY, That I attended dec	
6. DATE OF	BIRTH (month, day	y, and year)	t 2b-	1945	1 last saw harred wire on Feb. 28 1946 d	eath is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated abova, at \$ Q m.	
		4	2	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trad	e, profession, or pa lind of work done, SAWYER, BODKKEE	articular as SPINNER.			Greenmasly ronfe	ate of onset
9. Indu	stry or business in	which			with Convulsion	101-29-46
AU S	vork was dona, as S AW MILL, BANK, o	SILK MILL,				
(deceased last wor his occupation (mo ear)	ked at	spai	ima (years) nt in this upation		
	ACE (city or town)	Druith	Co	/a	Other Contributory Causes of Importance:	
을 13. NAM	E 200:40	mo Wi	P. O.	sett for	<u></u>	
13. NAM	HPLACE (city or to	wn Poto	A Presto	Maria	Nama of operation	
- (State or country)	****		0/	What test confirmed diagnosis? Was there an autop	neu?
当. MATO	DEN NAME M	ildred	Marie)	Roark	23. If death was due to external causes (VIOLENCE) fill in also the following:	3371
15. MAIDEN NAME Mildred Marie Roark 16. BIRTHPLACE (city or town) Smith Co. Va. (State or country)			the Co.	Va.	Accident, sulcide, or homlolde? Date of injury Where did Injury occur?	., 19
17. INFORMA		hed ma	sie Com	nett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Mt From Dat March 1 1946		Manner of injury				
19. UNDERTAKER J. F. Eline Jons (Address) Rustuston mid		24. Was diseasa or injury in any way related to occupation of deceased?				
20. FILED 3	- 1 , 1	9 4 6 K	lary.	B. Elina Registrar.	(Signed) Office 6. Storoble (Address) Whitesan Ind	M. D.
		If more	blanks are and al	11 C D		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	of importance were as follows:		Date of onset
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	MAR 2 1940	3 days ago
			. Dans Na	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 1 ye		1 year

Every item of information should be write the causes of death clearly and

MARGIN RESERVED FOR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered No.

	01010	
1. PLACE OF DEATH: (a) Saltimore (Str.), Maryland	2. USUAL RESIDENCE OF DECEASED:	
129 Oaklee Village	(a) State Maryland) County	
(b) Street address	(c) City or townBaltimore Md. (If outside city or town limits, write RURAL and give town	
	(d) Street No. 129 Oaklee Village	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)Lffe	(e) Citizen of foreign country?(Yes or No)	
3 (a) FULL NAME JOHN H. DAMES		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH February 151946 at 12:29M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or Male White divorced. Married	21. I certify that death occurred on the date above stated; that lattended deceased from 24 1916, to 24 1916	
6 (b) Name of husband or wife Gertrude E. Dames	and that I last saw h.1 M alive on 24 14 19 46.	
6 (c) If alive, give age 70 years		
7. Birth date of deceased (mo., day, yr.)Jan. 26, 1873	Dealities Mellutis. 11/20	
8. AGE: Years Months Days If less than one day	Due to Old age	
9 Birtholace Baltimore Maryland	Control of the contro	
(Town, county, and state)	Due to Gladuttini	
10. Usual Occupation Bookeeper	4 000000	
2 II. Industry or business Fulton Laundry	Other Conditions	
John Dames	PHYSICIAN	
No serial and a	(Include pregnancy within 8 months of death)	
1	Major findings of operation: Underline the cause to which	
14 Maiden Name Hannah Geisendoffer	death should be	
Maryland Maryland Maryland Mrs. Gertrude E. Dames Mrs. Gertru	of autopsy: No . charged statistically.	
16 (a) Informant Mrs. Gertrude E. Dames	22. If death was due to external causes, fill in the following:	
E (b) Address 129 Oaklee Village	(a) Accident, suicide, or homicide	
Runial	(b) Date of occurrence	
(Burial cremation, or removal) (month) (day) (year	(c) Where did injury occur?	
(c) Cemetery or crematory Loudon Park Cemete	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public	
Location 3801 Frederick Ave. Ci		
	(Specify type of place)	
1300 F+ P1	(e) Means of injury 1 23. Signature	
(b) Address 1300 Eutaw Place.	23. Signature M. D.	
B. 19 (a) 1 Q A C + (t) Thing To / Minute gratian	Address Medical Arts Bldgree signed	

Dr. Herbert C. Bkake.

VS 150

PLEASE WRITE

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, copy of the physician is expected to underline that particular ONE City Heal

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

	The Wallet Branching (TVO) STY OF BRANCHED
1. PLACE OF DEATH: County 20 8 Blevenshier are Rater	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest to	State Maryland County Baltimore Catonsville
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 208 Bloomsbury Ave. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Deibel. 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While Widewed	20. DATE OF DEATH FRELLY 19.4.6. 21.24.3
6.(b) Name of husband or wife of	- 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of New 4 - 1869.	and that I last saw h alive on Tel- 6 19.
deceased (mo., dey, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate causa of death
	min. Pulmoney Edenne 2 De
9. Birthplace Baltimore And.	Due to
10. Usgal occupation	and arteris scleron
11. Industry or business	Tue to.
	Other conditions.
12. Name Sylvinoria	Alice Occasion of Lock
14. Maiden name. Hukswisch.	(Include pregnancy within 3 months of denth)
15. Birthplace Germany.	Major findings of operations
16. Interment Jurs - W. Osborn	Autopsy results.
Address 2746. Winchester Que	PHYSICIAN: Please nuderlina the cause to which death should be charged statistically.
17 Burial Bate thereof Figh: 1/-	1946.
(Burial, cremation, or removal. Which?) (month) (day) (y	
Cemetery or crematory	Where did injury occur?
Location Ballt - The	Injured at home, farm, industry, public place (where?)
18. Funeral director Massule to ank Suff	Means of injury Injured at work?
Address 1600 M. North are	23 SIGNATURE Orlassor Fort
W - 1. 11 - 11 - 11	23. SIGNATURE M. D. or other Registrar Address. 20 & Pertur SL Date signed 2/8

01321

County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or Institution: 710 Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother) Stete
3.(a) FULL NAME Transfell young de Mu	rguiondo 3.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 10 10 10 10	MEDICAL CERTIF 20. DATE OF DEATH 2 2 2 2 2 2 2 1. I CERTIFY that death occurred on the date above states 2-12 196 , to and that I last saw h 2 alive on 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a Richalde Reterative of	Kentrelye

(If rural give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION

CE (HOME) OF DECEASED:

NFADING INK. Physicians: please 11. Industry or business UNE PLAINLY, WITH (especially important. Address (mopth) (day) (year) PLEASE WRITE correct age is

(Town, county, and state)

(Include pregnancy within 3 months of death) PHYSICIAN Please underline the cause to which death should be charged statisti-22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Where did injury occur?__ (City or town) injured at home, farm, industry, public place (where?). (County) (State)

Major findings:

Of autopsy_

Means of injury injured at work?

M. D. or other

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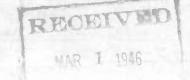
item

Every write th

1D. Usual occupation

Cemetery or cremator

18. Funeral director Address



MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-

CERTIFICATE OF DEATH

11322 That No. 322

	Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	71.0
City or town. (If outside city or town limits, write RURAL and give nearest town)	"
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Same Comments
I I dissert the total the the transming the	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veferan, name war
Margaret Dietel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Widewed	20. DATE OF DEATH FR. 4 CV 19 46, at 7 A.
6, (b) Name of husband or wife. Jacob Die tol	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
	June 10 1839, 10 Let 4 1940
7. Birth date of P. O. T. T.	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
05 9 17	Chr Myoacrostis / Mon
7.5	n.
9. Birthpiace (Town, county, and state)	Due to Later Assault Language Language Communication Language Communication Language Communication C
a to the second	Delete to the terminal of the
10. Usual occupation	Doe fo
11, Industry or business	
12. Name John Barrell 13. Birtholato	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Survey 15. Btribplace	Major findings of operations.
E 15. Birthplace	major hadings of operations
16. Informant Miss Margaret Mules	Autopsy results.
41. 3. 5000	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 7/1 M. Calle Cum	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory.	
Location Sallo	Injured at home, farm, indusfry, public place (where?)
18. Funeral director Landschaffer Line Lie	Means of injury injured at work?
Address 7 4 0 1 Polair On a	- Mentowee
2-1- Hel Afasrelli Mullin	23. SIGNATURE M. D. or other
(Date ree'd by registrar) (Date ree'd hy registrar)	ar Address Date signed

RECTION 1946
RUREAU V 6 The Martin Street and Andrews

2411 N. Charles St., Baltimore

13	ell.	0	O	3
13	1	-	6	3
U	all-	U	100	0

CEDTIFICATE OF DEATH

	E OF DEATH Reg, Dist, No.
1. PLACE OF DEATH: BOITING OF County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Mollie Donaghy	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 36. 10-86-19
8.(b) Name of husband or wife Rober T. B.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Rug 7- 1880 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2
8. Birthpiace	Due to Agentinasion - Cardio 2 grs. Due to.
12. Name Edward Rodgers 13. Birthplace Oreland 14. Maiden name Cccelia Me Nulty 15. Birthplace Oreland.	Other conditions
18. Informant Lilian Donaghy Address 3637 Greenmoun & Ave 11. Burial Date thereof (month) (day) (year) Cemetery or crematory Mociand Menn PK	Antopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Wille 18. Funeral director St Caul SS. 19. \(\sum -12 \) 19 th Queffel Registrar (Date ree'd by registrar)	Injured at home, farm, industry, public place (where?) Means of injury 1 Injured at work? 23. SIGNATURE Loyde M. D. or other M. D. or other M. D. or other M. D. or other

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

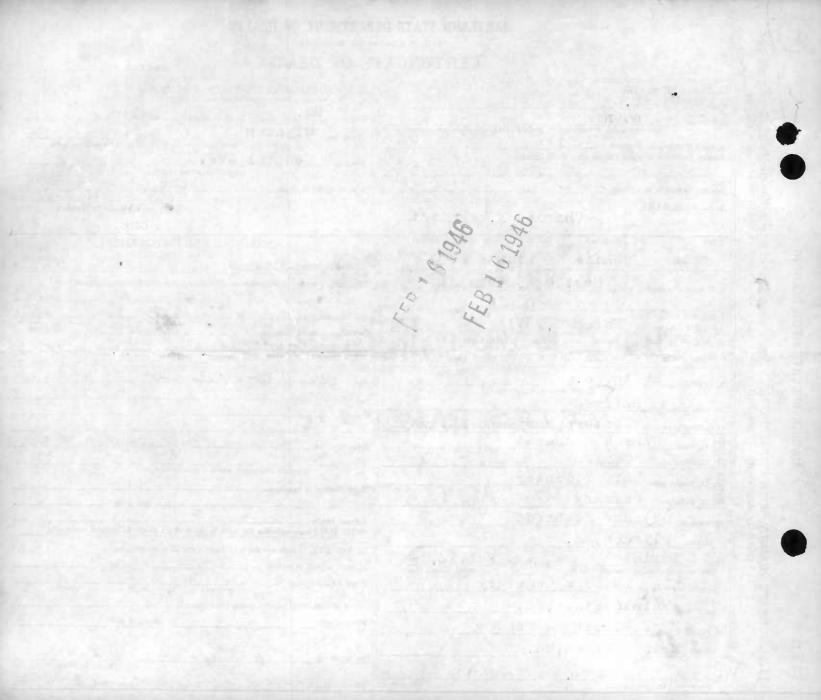
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

013243

			OZICI II I CII	TE OF BEHILL	Reg. Diat. No		
1. PLACE OF D	to.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	yndon foutside city or town is oe of death? 42	yrs	URAL and give nearest town)	State Md. County Balto. City or town Glyndon (If ontside city or town limits, write RURAL and give uearest town) Street No. Central Ave. (If rural, give LOCATION) None			
	or street address where	•••••	••••••••••••				
	or tnstitution?	***************************************	***************************************	2.(u) It veteran, name war			
3. (a) FULL NAM	vie Ch	arles	F.Eckhardt		3. (b) Social Security None	y Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDIC	CAL CERTIFICATION		
Male	White		dowed	20. DATE OF DEATH Fal.	1946	10:30A.	
	d or witeMyrt			1-23	he date above stated; that I attended de		
7. Birth date of	22 3		c) tt alive, give ageyea	end that I last saw hailve on	2-10	1946	
deceased (mo., day			1 It less than one day	Immediate cause of death		OURATION	
8. AGE: Yea 74	lrs months	Days 2		. Terebral Va	rocular Oschia	in 3 day	
	Retired	county, and	state)	Due to Arterisse	elerosis	3-320	
11. Industry or busine	ess Westerr		land Railway	Due to		****	
F	onrad Eck Germany				ig-Inquinal		
	Mary S.G)		within 8 months of death)		
15 Righthaines	Germany			Major findings of operations	S		
G7	yndon Eck	tha rd t			Date of op	***************************************	
	yndon, Md.			PHYSICIAN: Please underline the co	ause to which death should be charge	d statistically.	
17Bur (Bnrial, crematic	ial on, or removal. Which?	Oate ther	eof Feb.13,1946 (mouth) (day) (year)	22. VIOLENCE: It death was due to e Accident, suicide, or homicide	Bate of	*************************	
Cemelery or crema	lory Lutherr	1 Ceme	tery	Where did injury occur?(City	or town) (County)	(State)	
Location Re	isterstov	vn, Md.	***************************************	Injured at home, 1arm, Industry, public	place (where?)	***************************************	
18. Funeral director	J.F.Eline	& Sc	ns	Means of Injury	Injured at work?		
Address Rei	sterstown	n, Md.		23. SIGNATURE & D	Eaples In M.	∂.	
19. 2 - (Date rec'd by r	3 19 4 b		Ary B. E. Line	Address Renoturel	M. I	7 -/3-44	



UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly-and legibly.

important.

PLEASE WRITE PLAINLY,

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

01325

Registrar Address Jarvacos + Mal Date signed 128/46

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME William Eder.	3. (b) Social Security Number
4. Sex 5. Color of tace 6.(a) Single, married, widowed, or divorced bilover 6.(b) Name of husband or wife 6.(c) If alive, give age, years	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Petured farmer.	Immediate care of death DURATION Due to. Due to. Due to.
11. Industry or business Fuck farming. 12. Name Unknown 13. Birthplace 14. Maiden name 15. Birthplace	Dither conditions
16. Informant Mrs. Amelia Frdman - daughter Address Willow Ave. Ex. 252A. SP. Pt.,	Antopsy results
Rurial Date thereof 3/4/46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. HENRY SANDER & SONS, INC. Address MORTH AVE. & BROADWAY 19. Magachan L. 19. 46. Augustus (Date rec'd by registrar) Registrar	23. SIGNATURE A CREEN TO COLLEGE OF M. D. or other Address Address A College Signed 28/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01326.

			2411 N. Char CERTIFICA	les St., Baltimore	The state of the s	*	32
DIACE OF DEATH.			CERTITICA			Acg. Diat. No	
I. PLACE OF DEATH: Balti			***************************************		NCE (HOME) OF fants give residence of n		
7/10222	nt Wil	son	URAL and give nearest town)			ty	
(If outside	eity or town iin	S. O	mos., 12 days	City or town Bal	timore Ci	write RURAL and give no	earest town)
Hospital, Institution, or street	address where d	eath occurred	: M.C. WITZOII	Street No. 1305	Rayleigh	Way, O' Donr	nell Hgts
Branch, Md	Tuber	culos	is Sanatorium		(If rural, give l		
	tion?.U	ل.وم.ك	mos., 12 days	2.(a) If veteran, name w	ar	1 - 43	
3. (a) FULL NAME	Mrs.	Blan	che Edmonds			3. (b) Social Security 236-26-7	
4. Sex 5. Co	for or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Female	White		Widowed	20. DATE OF DEATH	February (5.,1946	.9:15 P
8.(b) Name of husband or wife	Mr. P	earle	Edmonds			e stated; that I attended dec	
Sofo) same of massage of and		6.6	e) If alive, give ageyear	January	25.,19	46 to Feb. 6	18.46
7. Birth date of deceased (mo., day, yr.)	Marc	h 16.	1900			bruary 6,	
	Months	Days	If less than one day	Immediate cause of des	arv Tuber	culosis	. ouration 5 Yrs.
45	10	21	hrsmin.	**************************************	Party (Markey - decorated by 1991)		6 11100
9. Birtholace Sumi	mers C	0	est Virginia	Due to Tuber	cle Bacil	l i	•••
	House	wife	state)	***************************************			****
10. Usual occupation		Martin No		Due to	••••	***************************************	8=====
11. Industry or business	ert. F.	Beas	ley	Other conditions F.a.	tal Pulmo	nary Hem-	*** ***********************************
	ssachu			Orrhage (Include pregnancy within 3 months of death) Major fisdings of operations. No operation Bate of op. Autopsy results. No autopsy			
the contract of the contract o	ssachu	-					
Marc Marc			monds				
				THE PARTY OF THE P	nderline the cause to wh	ich death should be charge	d statistically.
Address 1000 Re	Balte	· , MO	Feb. 9 19/6	22. VIOLENCE: If deal	th was due to external caus		
(Burial, cremation, or ret	moval. Which?)	Date ther	(month) (day) (year)	Accident, sulcide, or hor		Date ot	
Cemetery or crematory	Hillt	op Ce	metery	Where did Injury occur?	(City or town)	(County)	(State)
Location	Hilton	, Wes	t Virginia	Injured at home, farm, I	industry, public place (wh	ere?)	***********************
18. Funeral director. Fr	ank H.	Newe	11	Means of Injury		Injured at work?	
	ville,			1	townst	1 Marle	en Lip
		4	072110	23. SIGNATURE	Leway,	W. D	or other
19. Feb. 6,	1940	Ca	X (, Web-Acc)	Address Moun	t Wilson,	Md . Date signed	2/6/46

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FEB LI 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

EALTH 01327

CERTIFICATE OF DEATH

Reg. Dist. No. 4

			02111111011	IL OI DEATH	Reg. Diat. No	<i>7</i>
1. PLACE OF DEA	ATH: ltimore			2. USUAL RESIDENCE (HON	AE) OF DECEASED:	
County Da			***************************************	(For newborn infants give resid	leuce of mother)	
City or town	Middle	Rive	P URAL and give nearest town)	State Maryland County Baltimore River		
				City or town W1001e	RIver	
	of death?streot address where d			(If outside city or tow	vn limits, write RURAL and give i	nearest town)
nospital, institution, or	Edward	ds La	ne	Street No EQW &	ros Lane	
		***************	······································	(If rur	al, give LOCATION)	
	Institution?		***************************************	2.(a) If veteran, name war	***************************************	******************************
3. (a) FULL NAME	dred E E	hrowh	q		3. (b) Social Securit	y Number
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICA	A CEPTIFICATION	
Female	White	3.5	arried	MEDICA 9/97/	AL CERTIFICATION	
Lemare	MITTER	TAT	arried	20. DATE OF DEATH.	46 12.30 PM	21
6.(b) Namo of husband	Geor	rge A	Edwards	21. I CERTIFY that death occurred on the		
6.(0) Namo ot nusband	or wito		***************************************	6410		
7. Birth date of) If alive, give ageyear	and that I last saw h		
deceased (mo., day, y	.) Oct 2]	1 187	7			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	***************************************	OURATION
68	4	6	hrsmin.	0 (1 - 1)	······	
				The the all out	nutus	5 days
9. BirthplaceHo	ward-Cour	aty N	<u> </u>	Duo to		****
	A 4	Hom		Carrinad	Lucy	5 mml
10. Usual occupation	A.V	LIUMI		Duo to.	***************************************	****
11. Industry or business						
12. Name	amuel E I			Other conditions		
12. NameS		Mary	land			8 **** **** **** **** *** *** *** *** *
es l	Mary W	ilson		(include pregnancy w	ithin 8 months of death)	
14. Maiden name	Mary W	Mosse	1 and	Major findings of operations		
15. Birthplace		Mar. y	Land	Major analogs of operations		
C	apt. Geor	rge A	Edwards			-1
10. Informant	***************************************	*************		PHYSICIAN: Please underline the caus		
744.000			dle River Md			u madadeany.
Buri	al	Date there	of 3/2/46 (month) (day) (year)	22. VIOLENCE: If doath was due to exte		
	or removal. Which?)			Accident, suicido, or homicide	Daio of	**********************
Cemetery or cremator	, Orem (Cemet	ery	Whore did injury occur?(City or	Acres (Coorts)	/G4.4.)
	Mic	ddle 1				(state)
Location	·····	1	1 1	Injured at homo, farm, Industry, public p		••••••
18. Funeral director.	assahu	Jun	eral Home	Means of Injury	Injured at work?	
Address	7401 Bel	lair 1	Road	09	11 1. 1. ha	N
	LAOT DO	Profit !	11000		D 2 1 1 2 1	
1 2 - 1	- 4/	SHA	A Bonnoff.	23. SIGNATURE Where I	M. D	or other

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DESIGN OF THE RESIDENCE THE THE TAXABLE PARTY.

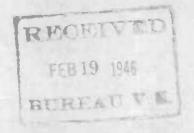
The correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (952)

CERTIFICAT	E OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	¿(a) Ti veleran, name war
3. (a) FULL NAME ODA Belle &	My 3. (b) Social Security Number
4. Sex 5. Color or tabe 6. (a) Single, married, widowed, or divorced Nation (a) Name of husband-or wite. 6. (b) Name of husband-or wite.	20. DATE OF DEATH
7. Birih date ot deceased (mo, day, yr.) / / / / / / / / / / / / / / / / / / /	19
8. AGE: Years Months Days If less than one dayhrsmin.	acule Condia falini Bue to
9. Birthplace (Town, county, and state) 10. Usuat occupation.	Due to. Cardoronala dine
11. Industry or business 12. Name 13. Birthplace	Other conditions
14. Maiden name Und Trous 15. Birthplace 15. Birthplace	Major findings of operations. Bate of op.
Address Sogwood RS. Nood Caun M.S.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. Qurial, cremation, or removal. Which?) Cemetery or secondary Allw Lawy Evelley.	Accident, suicide, or homicide
Location Orlan Guo Quo	trijured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 45/0 Leberty Heights and.	23. SIGNATURE M. D. or other
(Date roe'd hy registrar) Registrar	Address 1010 Reach Date signed 2-17-14



though y

MARGIN RESERVED FOR BINDING

VS A15

01329

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dalty Ca-			
(If outside city or town limits, write RURAL and give nearest town)	State The Adaption of County had a designed with the		
Now long in above place of death? 14710:	(If optside city or town limits, write RUEAL and give nearest town)		
Hospital, Institution, or street address where Meath occurred:	111111111111111111111111111111111111111		
122 Forest desire.	Street No		
How long in hospital or institution?	2.(a) If veteran, name wsr.		
3. (a) FULL NAME	3. (b) Social Security Number		
anna of Foria	3. (0) Social Security Number		
4. Sex 5. Color or racs 6.(a)Slogie, marged, widowed, or divorced	AUDION CORPUSATION		
4 // // // /	MEDICAL CERTIFICATION		
I willidowed.	20. DATE OF DEATH 4 SMUARY 27 19 46, 01 7.15 A. M		
8.(b) Name of husband or wife Chan East 'Q	21. I CERTIFY that desth occurred on the wate shove stated: that Lattended deceased from		
	7eb 16 1946 10 tel al 1916		
7. Sirth date of	and that I last saw h. M. alive on + cle - 2] 19.46		
deceased (mo., day, yr.) @ 14. 18-77	Immediate couse of death DURATION		
8. AGE: Years Months Days If less than one day	Veripheral varcular collapse 30 mine		
(08hrsmin.			
9. Birthplace Toland	Due to acute mesocardial maretine 30 mins		
9. Birthplace	DUE 10		
10. Usual occupation	Due to allengacturates Cardia - Vascula		
11. Industry or business Tires with	autorie autoria		
19	Dither conditioos		
at 13. Birthplace (Cerusaul)	(Include pregnancy within 8 months of death)		
14. Malden named & Lyan Market State of the	Major findings af operationa		
\$ 15. Birthplace Termand.	Date of op.		
18. Informan Charles There	Autopsy results.		
1 4 101.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 2 Towned affirm	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Buriai, cremation, or removal. Which!)	Accident, suicide, or homicide		
Cemetery or crematory	Where dld injury occur?		
Location Das to Catal Mid:	Injured al home, farm, Industry, public place (where?)		
5 0 1261 3- 111	Mesns of Injury Injured at work?		
18. Funeral director	A 1 0 P		
Address Catousville Ma.	23. SIGNATURE. Com S. Deniera		
1 3-2 Warry Oli Willer	M. D. or other		
(Date rec'd by registrar)	Address & 6 Kummay Dame Date signed Mary 1996		

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MAR 5 1946

RUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

013304

		CERTIFICAT	E OF DEATH Reg. Dist. No.
City or town	TIMORE SEMERE Dutside city or town lin of death?	uits, write RURAL and give nearest town) **ERR3** eath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. MARY AND County BALTIMORE. City or town FDG FMERE SPARROWS POINT (If onteide city or town limits, write RURAL end give neerest town) Street No. 2 2 2 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
	ELME	R ELLS WORTH	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M	W	WIDOWED	20. DATE OF DEATH # Eben asy 6 1946, 21 26.
		CATHERINE	21. I CERTIFY that death occurred on the date above stated; that Valtended deceased from
7. Birth date of deceased (mo., day, 8. AGE: Year.	yr.) Fully s Months	11	and that I last ear bears all ve on the frame of 19.46 Immediate crops of death Strange Bryachuse asthma 10 year and Employeem a wife
1D. Usual occupation.	STEFL	WORKER HEM STEEL Co.	Due to. Due to. Due to. Due to. Due to.
12. Name	OHN A	EMING	Other conditions My residual degines also Making (Include pregnancy within 3 months of death)
14. Malden name.	JOSEPH	ZMADA 3HPG	Major fiadings of operations
15. Birthplace	1		Date of op.
	OHN A	EWING	Antopsy results
		S AUE, EDGEMERE	22. VIOLENCE: If death was due to external causes, fill in the following:
17 BURIA	n, or removal. Wbtch?)	Date thereof Feb 9, 1946 (month) (day) (year)	Accident, suicide, or homicide
		NO MEMORIAL PART	Where did injury occur?
		R AVE BALTO CO.	Injured at home, farm, industry, public place (where?)
		COOR INC.	Means of Injury Injured at work?
Address / 2	17 57. 1	PAUL ST	23. SIGNATURE Dawson J. Harbes Addrass Darrows Pont 19. Made signed.

RECEIVED
FEB 8 1946
BUREAU CE

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33.4)

CERTIFICATE OF DEATH

01331 44 Reg. Dist. No. 44

1. PLACE OF DEATH:	2 HEHAT BEGINFHER (HOME) OF DEGRACED
CountyBalto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	- Md. Balto.
Olty or townSparrows Pt. (If outside city or town limits, write RURAL NEAR and give town)	State County
(If outside city or town limits, write RURAL NEAR and give town)	Sparrows Point
treet address, hospital, or instillution:	Cily or town Ward No Ward No (If outside city or town limits, write RURAL NEAR and give town)
	Sireet No. 813 C St.
itay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay In This community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
JESSAMINE FEE	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH 7 19 16 , et 7
5 (b) Name of husband or wife Seth H. Fee	
5 (0) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that ettended deceased from
8/A) M allow along an	January 1 19 75, 10 724 9 19 1
6(\sigma) If alive, give ageyears 7. Birth date of	and that I last saw her alive on Jelwany 8 19 4
deceased (mo., day, yr.) Aug. 15, 1869	and that 1 (45) 24% II
8. AGE: Years Months Days If less than one day	Immediate cause of death DURA
	Touges how Heart
76 5 24hrsmi	1. Failure pod
9. Birihplace Netawake, Kansas	
9. Birthplace Ne tawake, Kansas (Town, county, and state)	Oue to the pert Euros o Certifico -
	& clarater cardis -vas cular
ID. Usual occupation	dereane -
1. Industry or business	UNO 10
	• *************************************
	Other conditions
₹ 13. Birthplace U. S. A.	
	(Include pregnancy within 8 months of death)
14. Maiden name Austa Early	- Major findings: PHYSI
14. Maiden name Austa Early 15. Birthplace Ill.	Of operations Please
	the cause
18. Informant - Mrs. C. A. Waite	death show
917 C Ctreat Comment Dt No (7)	.,,
Removal Oate thereof 2/11/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burfal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Cem.	Where did injury occur?
	(City or town) (County) (State)
Harrisburg, Pa.	Injured at home, farm, Industry, public place (where?)
18. Funeral directorWM. J. TICKNER & SONS	Means of injury Injured at work?
Address- Balto., Md.	1/10
Address- Dallo, Md.	- 1 - MD-1/2-din 111).
HEATH - 46 Dawson L. Harder	23. SIGNATURE M. D. or other



MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattended deceased from 200. 10 1946, 10 745, 20 1946 and that I last saw ham alive on Ful 20 19 46 Duration Immediate cause of death

PHYSICIAN

Underline the

cause to which

death should be

If outside city or town limits, write RURAL and give town)

(If rural give location)

STRIKEN SO SECURDS A METAHE

(b) County

If yes, name country.....

(Include pregnancy within 3 months of death)

Date of operation..... Major findings of operation:

charged statistleally. of autopsy:.... 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence......at...... (c) Where did injury occur? (City or town)

(d) Did injury occur about home, on farm, industrial place, in public

(Specify type of place) While at work? place?....

(e) Means of injury.....

23. Signature

(b) Address I.

RESERVED

2. USUAL RESIDENCE OF DECEASED: (c) City or town (e) Citizen of foreign country?... 3 (c) Social Security Account 6 (a) Single, married, widowed, or 4. Sex 5. Color or race divorced. 6 (b) Name of husband or wife 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Years Months Davs If less than one day 9. Birthplace (Town, county, and state) 10. Usual Occupation 11. Industry or business 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant Trank (b) Address/ (b) Date thereof . (munth) (day) (year) (Burial, cremation, or remova (c) Cemetery or crematory. Location... 18 (a) Funeral director.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

81333

CERTIFICATE OF DEATH

3 8

1. PLACE OF D	Rol +1	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
City or town			RURAL and give nearest town)	state Maryland county Baltimore			
How long in above place Hospital, institution, c	ee of death? or street address where c	leath occurre	d:	Catonsville			
	or Institution?		***************************************	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAM	ADDIE	C.	FISCHBACH		3. (b) Social Secur NONE	•	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
FEMALE	WHITE	MA	RRIED	2D. DATE OF DEATH FEBRUARY	18 4	6 .5:15P.	
	U 01 WIIS		SCHBACH	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended d	deceased from	
7. Sirth date of	w) FEBRU.		(e) It alive, give age <u>58</u> years 6 1887	and that I last saw h. er alive on	46 to Hell		
R AGE: Year	7117	Days	If less than one day	Immediate cause of death		DURATION	
8. AGE: Year 51		12	16-16-36-36-36-36-46-46-46-46-46-46-46-46-46-46-46-46-46		mortage		
B. Birthplace	HOUSE	county, and	Maryland state)	Due to Hypertiuse	<u></u>	2	
10. Usual occupation. 11. Industry or busine		******	•••••••••••••••••••••••••••••••••••••••	Due to		*******	
12. Name	T3 2	rick	Bohne	Dither conditions			
8	Laura	Schl	ifer	(Include pregnancy within 3	months of death)		
14. Maiden name			***	Major findings of operations			
15. Birthplace	Maryla				Date of op	***************************************	
16. Informant			G. Fischbach	Autopsy results			
Address			ton Road	22. VIOLENCE: If death was due to external car			
Bui (Burial, cremation	cial n, or removal. Which?)	Dafe ther	Feb. 21, 1946 (month) (day) (year)	Accident, sutcide, or homicide			
Cemetery or cremat	(VI)	****************	k Cemetery	Where did injury occur?(City or town)	(County)	(State)	
Location			rick Ave. City	Injured at home, farm, industry, public place (w			
1B. Funeral director		tips	beet + And	Means of Injury	injured at work?		
Address	1300 I	Butaw	Place	23. SIGNATURE Herry Sle	voman_	- 1	
19. Feb	21 19 46		an Hedre	Dr. Harry Glassm	an M.	D, or other 27. /46	
(Date rec'd by r	egistrar)		and Registrar	Address 755 West Fave	ette 3t		

VS A15

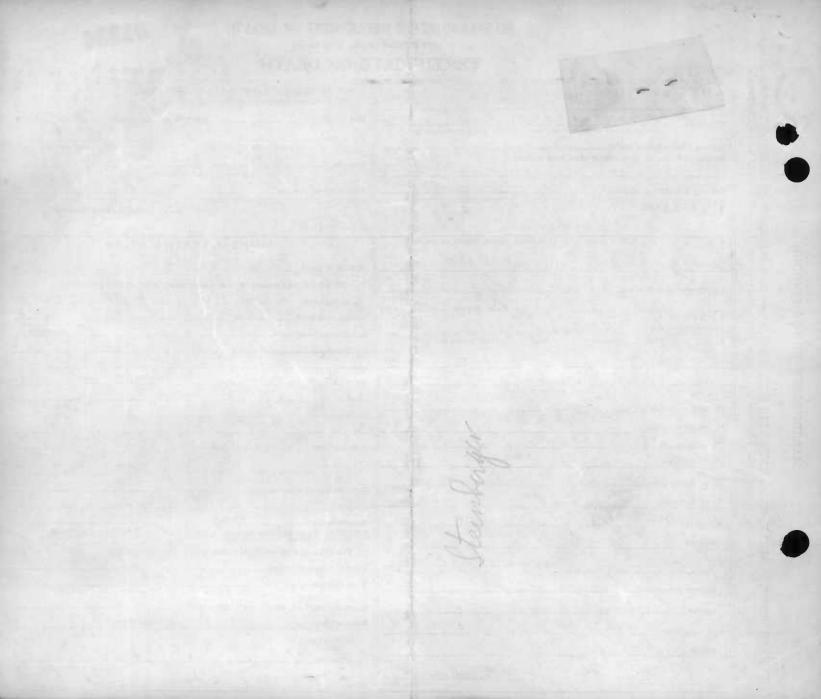
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

01334

CEPTIFICATE OF DEATH

Reg. Dist. No. 44	
1. PLACE OF DEATH: County County City or town (If outside city or town limits, write RURAL und five nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Clinical Annual Ann	1
Temale white massied	MEDICAL CERTIFICATION 20. DATE OF DEATH. Felisiary 1 19 46 21 1 A. M
6.(b) Name of husband or wife Walter Titzgerald 6.(c) It elive, give age 74 years 7. Birth date of deceased (mo., day, yr.) November 11, 1880	21. I CERTIFY that death occurred on Industrial above stated; that I attended deceased from 26. 19. Y. 6., to . 7. alloway . 0. 19. Y. 6. and thet I last saw h. e. R alive on . 7. alloway
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death Our Le Pulsoner Edere
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation North	Due to the greater Discourse
11. Industry or business	Due to
12. Rame alexander myers 13. Birthplace mariland	Other conditions Bulling a flow
14. Maiden name Rebecca Personette	(Include pregnancy within 8 months of death) Major fiadings of operations
≥ 15. Birthplace Maryland	Date of op.
16. Informani MN Walter Fetz gerald. Address 2856 Maryland are, Cosemont, Md.	Antopsy results
17. Busial Date thereof (month) (ody) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Soudow Sank	Where did injury occur?
Location Frederick are	Injured at home, farm, industry, public place (where?)
18. Funeral director Johns F. Denny Snc	Means of Injury Injured at work?
Address 7/4 Bight St.	23. SIGNATUR MONTO W. Stember
19. (Date rec'd by registrar) Registrar	Address 410 n. Helten Date signed 7.14,13,4



2411 N. Charles St., Baltimore

01335

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants five residence of mother)
County Difference	State Maryland County Ballining
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Pikewilla
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (If rnrai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Umos firsula V	top ,
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH # 26 - 27 19. 46 , of) P M
6.(b) Name of husband or wife. Elegabeth R. Fof	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) april 17. 1892	and that I last saw h 1900 alive on 1900 ali
8. AGE: Years Months Days It less than one day	Immediate cause of death Century direct 16 dus
53 10 10hrsmln	
3. Birthplace Balls . Co . m.f	Due to Helerio : Leluesa ?
10. Usual occupation Returned Street car operator	
11. Industry or business Balto. Zhansit Ca	Due to
	Audate hulleten 3
12. Name. 12. Na	Biher conditions of the condit
14. Maiden name Elizabeth Senty	(Incinde pregnancy within 3 months of death)
14. Maiden name. Elizabeth Seuts 15. Rirthplace Belling lo. Waruland	Major findings of operations
16. Informant Verley Fox	Autopsy results
Address 2 Deline Cels Cilmerlle, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 1 2 1 2 11	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location gassesser, Forest	Injured et home, farm, industry, public place (where?)
18. Funeral director Frank H. Mewell	Means of Injury Injured at work?
Address ihearlle marrland	De Mer hala hill
3-1- 11 ANSE nichal	23. SIGNATURE M. D. or other
9. (Date ree'd by registrar) Registrar	Address Full Welle Mel Date signed Mel 1-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

The correct age

RECUIVED MAR 2 1946 BURFAU V offering Supplied. The

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 74 4

CERTIFICATE OF DEATH

1. PLACE OF DEATH: (a) County	2. HOME (USUAL RESIDENCE) OF DECEASED: Maryland Baltimore (a) State (b) County (c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 504 Mace Ave
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Tillian Jouisa Frank	<i>'.</i>
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
No No.	20. Date of death Feb 23 1946, at 7115 A. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
Female White divorced. Widowed	ed deceased from Fel 20 1946, to el 23 1946,
6 (b) Name of husband or wifeJohn_J_Frank	and that I last saw him alive on Felder 2 3 19.46.
6. (c) If alive, give age years	Immediate cause of death Callyss Duration
7. Birth date of deceased (mo., day, yr.) June 19 1897	- agraphlyng
8. AGE: Years Months Days If less than one day	Due to arlenge - Seferatio durane
49 8 4hr, min.	Due to
9. Birthplace Baltimore County (Town, county, and state) 10. Usual occupation At Home	Other conditions
11. Industry or business	Major findings: Underline the
12. Name Henry Norris 13. Birthplace Baltimore City Md	Of operations cause to which death should be
	Of autopsy charged statisti-
14. Maiden Name_Emma_Brehm	cally.
14. Maiden Name Emma Brehm 15. Birthplace Baltimore City Md	22. If death was due to external causes, fill in the following:
16 (a) Informant Mrs Earl Johnson	(a) Accident, suicide, or homicide
(b) Address 504 Mace Ave	(b) Date of occurrence
17 (a) Burial (b) Date thereof 2/27/46 (month) (day) (year)	(c) Where did injury occur?(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematoryOak_Lawn	place?While at work?
Location Eastern Ave	(Specify type of place)
18 (a) Funeral director Lasta hun tu nural Ho	we means of might by Re-
(b) Address 7401 Belair Road 19 (a) 2 2 7 1 (b) Ochus M. Grandly Registrar	23. Signature M. M. D. or other Address Sults 6 Date signed 2-23-46



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-7

CERTIFICATE OF DEATH

+1

1	CERTIFICAL	E OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH: County Sallymore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)
	City or town (If nutside city or town) (If nutside city or town)	Stale County Palto-
	How long in above place of death?	City or town. (If nutside city or town limits, write BEDAL and give nearest town) Sireet No. Sollar Coast Aundalk (If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veleran, name war.
	3. (a) FULL NAME ame Frey	3. (b) Social Security Number
	5. Cylor or race 8.(a) Single, married, widowed, or divorced with a convenience of the co	MEDICAL CERTIFICATION 20. DATE OF DEATH TELEVILLE 1304
	8.(6) Name of husband or wife. 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from the state of the st
	8. AGE: Years Months Days It less than one day G) Was Months Days It less than one day	Immediate cause of death DURATION Where Schoos and Mutual Insufficiency underson
	8. Birthplace (Tnwn, country, and state) 18. Usual occupation.	Due to.
	1t. Industry or bosiness . Tale	000 (0
	12. Hame	Other conditions
	14. Malden name.	(Include pregnancy within 3 munths of death)
	HU 14. Malden name. Now.	Major findings of operations.
	16. Informant Helicea RCAH	Autopsy results
	Address 1 2 COllar Dr. Ed.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17 Dale thereof Jeb 16, 1946 (Burlal, crematinn, or remnyal, Which?) Dale thereof Jeb 16, 1946 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:
	(Burial, crematinn, or remnval. Which?) Cemetery or crematory Ceme	Accident, suicide, or homicide
	Location Fundation & Balle Trid	Where did injury occur? (City or town) (Cnunty) (State) Injured at home, tarm, industry, public place (where?)
	18. Fineral director engage 6. a. Gilfon h	Means of injury injured at work?
	Address / 735 David Hillara	OH, I me
	19 2-1 V (Date rec'd by registrar) 19 46 (Living Legistrar)	23. SIGNATURE M. D. n. pother Address Manuas Sta Manual 13/46

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-3 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Hospital, Institution, or street address where death occurred: Street No .. (If rural, give LOCATION) information of death clea How long in hospital or institution?

3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) DURALIDH Months If less than one day 8. AGE:

Registrar

10. Usual occupation. 11. Industry or business 14. Maiden na 15. Birthplace

16. Informant H 2 s Mit Address_ Date thereof.

(Burial, cremation, or removal, Which

PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?

(Include pregnancy within 3 months of death)

Injured at home, farm, Industry, public place (where?) Injured at work?

(City or town)

23. SIGNATURE Address O PA

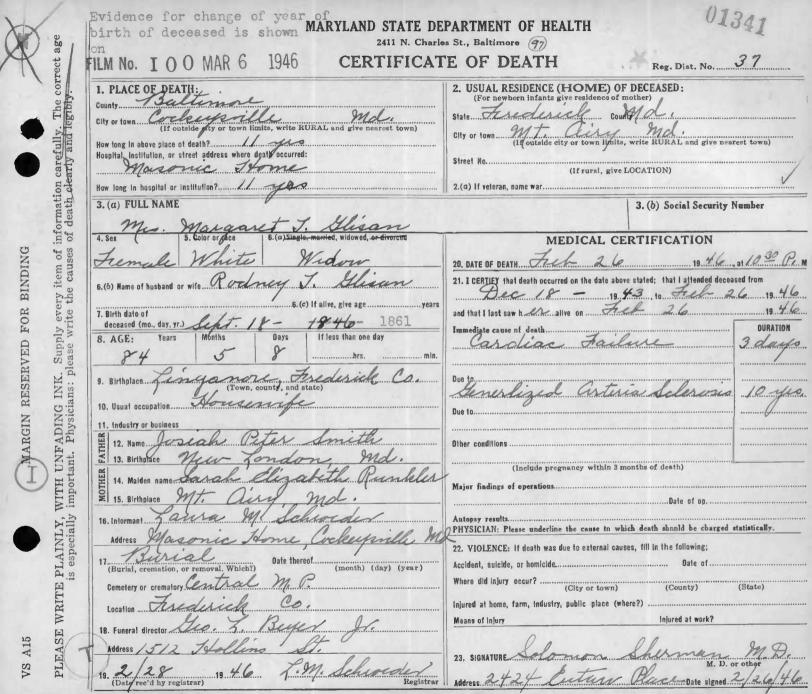
(County)

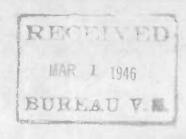
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ADING INK. Physicians: pl

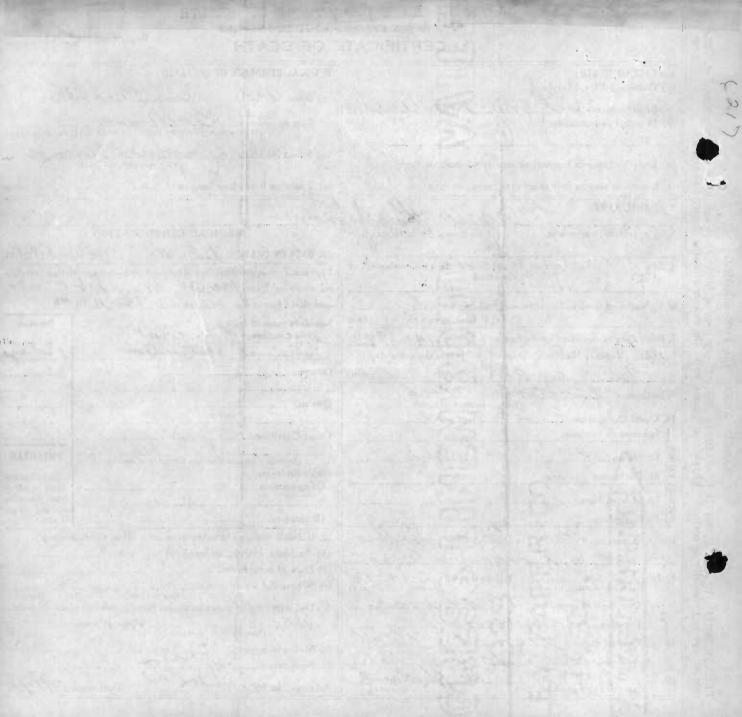
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FEB 18 1946 BUREAU V.E. Seminate the second of the sec 2/9/16





MARYLAND STATE DEPARTMENT OF HEALTH The Registered No CERTIFICATE OF DEATH supplied. I. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland ... (b) County Parkvilla emaanore Uvenu (b) Street address. 6 (c) Hospital or institution: (c) City or town.... (If outside city or town limits, write RURAL and give town enganore (wenue (d) Length of stay in hospital or inst. (vrs., mos., or days)..... (e) Length of stay in Baltimore (yrs., mos., or days)..... (e) If foreign born, how long in U. S. A.? years 3 (a) FULL NAME 3 (b) If veteran, name war MEDICAL CERTIFICATION (c) Social Security Account 20. DATE OF DEATH FEG. 11- 1946 at 5.458 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that deathoccurred on the date above stated; that I attenddivorced. ed deceased from Van, 30 1976, to Feb 11 1946 of i and that I last saw h Lealive on Feb 11 19 46 6 (b) Name of husband or wife I asked of 6 (c) If alive, five age Immediate cause of death . Duration 7. Birth date of deceased (mo., day, yr.) Theo. 14 -8. AGE: Years Months If less than one day Davshr. 9. Birthplace (Town, county and state) 10. Usual Occupation at Konce 11. Industry or business Other Conditions 12. Name PHYSICIAN (Include pregnancy within 3 months of death) Major findings: 13. Birthplace Underline the Of operations. cause to which 14. Maiden Name death should be charged statis-15. Birthplace Of autopsy..... tically. 16 (a) Informant //M.V. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Address Linaanbre (b) Date of occurrence.... ial (Mate thereof 2-14-46 (c) Where did injury occur?..... (Burial, cremation, or removal) (month) (day) (year) (City or town) (County) (State) WRITE ge is espe (c) Cemetery or crematory at Rivood (d) Did injury occur about home, on farm, industrial place, in public Location & alleman 1 (Specify type of place) 18 (a) Funeral director Albanaca (e) Means of injury. (b) Address 2300 23. Signature..... (Date rec'd by registrar) VS 3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

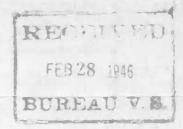
CERTIFICATE OF DEATH

013430 Reg. Dist. No...

County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town				City or town. Washington, District of Columbia (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, Institution, or str Spring	Grove St	leath occurred: ate Host	ital	Street No		
	stitution?4	years, 6	months	2.(a) If veteran, name war		
3. (a) FULL NAME	Anna	Marie G		3. (b) Social Security 1	Number	
4. Sex 5	. Color or race		arried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHFabruary. 22	at 10:00	
5.(6) Name of husband or			Goodkeyyears	21. I CERTIFY that death occurred on the date above stated; that f attended decea	sed from 	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	May	15, 186' Days	If less than one day	Immediate cause of death Broncho pneumonia, right lower	OURATION	
78	9	7	hrsmin.	_ 1009	5 das.	
9. Birthptace			io e)	Due to Arteriosclerotic cardiovascular disease	Indef.	
11. Industry or business	none			Due to		
12. Name	Paul La Westpha	-		Other conditions		
14. Maiden name	Mary ?	•		(Include pregnancy within 8 months of death) Major fludings of operations		
15. Birthplace	Germany			Date of op		
16. Intermant		l recor	is	Autopsy results	ntatistically.	
Burial, cremation, or	4	Date thereof.	9 95 41	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremanity.	ont of	inix	in Wash p	Where did Injury occur?		
18. Funeral director	Taple	g'uch	vekom	Means of injury Injured at work?		
Address &	luat	City	med	23. SIGNATURE Isadore Tuerk, M.D.	r other	
19. Q - 26	19.45 trar)	Har	Registrat	0 1 133 00 363		

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-0)

0134430

CERTIFI	CATE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: County	State Manyland County Baltimore		
4. Sex 5. Lolor or race b.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wife Charles J. Graber 7. Birth date of deceased (mo., day, yr.) Jan, 7, 1879 8. AGE: Years Months Days If less than one day 67 1 12 hrs. 9. Birthplace Baltimore Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business Home 12. Name Benjaman Gawthrop 13. Birthplace Baltimore Md.	Immediate cause of death. Due to. Due to. Differ conditions. (Include pregnancy within 3 months of death) Major fudings of operations.		
16. Informant Mrs. Margaret Graber Address 9 Wade Ave. Catonsville Md. 17. Burial Date thereof 2/21/45 (month) (Gay) (yet Location Baltimore 18. Funeral director George W. Little Address 2700 Edmondson Ave.	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		

23. SIGNATURE.

Address.....

VS A15

2/v0 (Date rec'd by registrar)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and texture.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Coc

CERTIFICATE OF DEATH

01345

	Reg. Dist. No.
1. PLACE OF DEATH: -	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dallyman	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Manylessed County Sallesses
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 2606 Mausland are
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war. World Was II
3. (a) FULL NAME	3. (b) Social Security Number
Moffell avery green	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. marred	20. DATE OF DEATH FET. 15. 146 at 12:254 M
m. l. a (- R.)	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
6,(b) Name of husband or wife	21.1 Center that death occurred on the date above stated; that I extended deceased from
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) July 29 1922	Immediate cause of death
8. AGE: Years Months Days It less than one day	the set is sheard
23 6 /8nin.	End medlerele traction
9. Birthplace	Due to of looky
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Sem, R. R.	DUC 10
# 12. Name 2. D. Green	Other conditions
12. Name J. D. Green 13. Birthplace Vanta Carolina	
14. Malden name Effic Barer	(Include pregnancy within 3 months of death)
	Major findings of uperations
= 15. Birthplace north Carolina	Date of op.
18. Intermant C. J. Respondeds	Autopsy results.
Address Ling north Carolina	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burnal Bate thereot G-sh 20, 1946	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? City or town) (County), (State)
Location now Morth Carolina	Injured at home, tarm, Industry, public place (where?)
18. Funeral director & Landon M. Brooks	Means of Injury Injured at work? Yes
	7 7
Address Sparts, Muryland	23. SIGNATURE C. M. Trave Deg. Ned Enco
10 tcb . 19, 10 46 Mrs 2 owards Markli	Balt md M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed July 199



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write: RURAL and give nearget town) Street No. (If rups), give LOCATION)
3.(a) FULL NAME FUGENE BR17	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced A down of the desired 6.(b) Single married, wildowed, or divorced 6.(c) Single married, wildowed, w	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.46 at 9.00
8.(b) Name of husband or wife S.(c) If alive, give age yea	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 6. 7 0 24 hrs. min 9. Birthplace Coupation Taxon, county, and state)	Immediate cruse of death. Que 40 OURATION
11. Industry or business 12. Name. Am. Namy Griffin 13. Birthplace 14. Maiden name. Zunknown	Other conditions
16. Informant Susce Briffin	Major fiadings of operations
Address Chase Find 17. Burial Bate (hereof 3 - 17 - 46 (Burial, cremation, or removal, Which?) Cemetery or crematory that Sh., Location Location	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?)
18. Funeral director Aug. R. a., Clinate a clause the Address / 29 pt. Carpling the Constitution of the Co	23. SIGNATURE Man Address Date signed

9-45-15M

MARGIN RESERVED FOR BINDING

VS A15

19. (Date rec'd by registrar)



Accident, suicide, or homicide.....

(City or town)

Injured at home, farm, Industry, public place (where?)

(County)

(State)

M. D. or other 4. Date signed 2.6

Where did Injury occur?

Means of Injury

28. SIGNATURE

Registrar | Address...

Date thereof

(month) (day) (year)

(Burial, cremation, or removel, Which?)

Cemetery or crematory

(Date rec'd by registrar)

1B. Funeral director... Address

WRITE

ASE

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

01348

			0	1
Reg.	Dist.	No.	2	Jan.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streef No. 118 South Rochester Street		
Streef No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (b) Social Security Number		
MEDICAL CERTIFICATION 20. DATE OF DEATHFebruary 14		
21. I CERTIFY that death occurred on the date above stated; that I altended deceased from December 4		
Pulmonary tuberculosis Indef		
Due to. Left upper tuberculous "		
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Major findings of operations		
Antopsy results		
22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Injured at home, farm, Industry, public place (whera?) Means of injury Injured at work? 23. SIGNATURE ISAdore Tuerk, M.D. or other		

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED:
MAR 18 1946
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

01349

CERTIFICA	TE OF DEATH Reg. Dist. No. 45		
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County (If outside city of swn limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Jacob Grove.	3. (b) Social Security Number		
4. Sax 5. Color of race 6.(a) Single, married, widowed, or divorced Married, widowed, or divorced	MEDICAL CERTIFICATION FULLY 19.46, at la 12 P.		
6.(b) Name of husband or wife Famue C Grove Daoc.	19		
7. Birth date of	rs and that I last saw halive on		
deceased (mo., day, yr.) // UV 6 1879	Impediate cause of death DURATION		
8. AGE: Years Months Days if less than one day			
6 5 1 min	· Oronay Ocellision		
9. Birthplace Pennsylvania (Town, couply, and state)	Due to		
10. Usual occupation Carpenter	Due to		
11. Industry or business & m'players various			
12. Hame Trio midu & Groves 13. Birthplace Perman	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Launie M Griffin			
14. Maiden name Tarrie M. Griffine 15. Birthpiace Penna	Major findings of operations.		
m P. O Paris	Date of op.		
1861 90 1 600	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 6801 Linder Gre	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. / Sural Date thereof 775/46	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (dhy) (year)			
Cemetery or crematory.	(City or town) (County) (State)		
Location Fred C Cash	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Lack ahn Finneral Hos	Meens of Injury Injured at work?		
Address 7401 Belair Road	= 23. SIGNATURE DO		
18 Feb. 22 19 46 mal. Q.L. Reepsnylin	Address Address All Andrews All Andrews All Andrews Andrews All Andrews Andrew		

FEB 25 1946
BUREAU V 8



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CEDTIFICATE OF D

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9.4		4	21	
17	-6	0 5	0 3	2.7
		40	100	1

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County Fullerton Md. Balto Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Fullerton Md. (If outside city or town fimits, write RURAL and give nearest town) Hew long in above place of death? Hospital, institution, or street address where death occurred:	
Topping, manusing of street autous whole goals bounce.	Street No. 1911 Etting Street
How long in hospital or institution?	2.(a) it veteran, name war
3.(a) FULL NAME Charles W	3. (b) Social Security Number 212-05-3317
4. Ses 5. Color or race 6.(a) Single, warried, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH. Test 1, 1946 at 245 P.
8.(b) Name of husband or wife followed following	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Mostha Bays It less than one day	Immediate cause of death All All All Comments of the Comments
8. Birthplace Balto Maryland (Town, county, and state)	Due to.
10. Usual occupation. Lator	Due to
11. Industry or business Hone	
12. Name Uselland Malt Ms &	Dther conditions
14. Maiden name Laura Book 15. Birthplace Batto, md	(Include pregnancy within 3 months of death)
15. Birthplace Batto, md	Major findings of operations
16. Informant Helen a Harmon	Antopsy results
Address 1911 Cetting It Balts, ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Date thereof 2-14-46	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, World?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location College Williams	injured at home, tarm, industry, public place (where?)
18. Funeral directed short and a so and and the second	Meaos of injury injured at work?
Address 2101 McCulloh Street Balk, Md,	- 23 SIGNATURE Arly to Hudson MD. P.M.E
19. (Date rec'd by registrar)	Address Trus 4, M. D. or other 46.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore W. CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) (If outside city or town limits, write RHRAL and grow narrest town) death clearly an Hospital, Instillution, or street address where death occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4 Spy MEDICAL CERTIFICATION tem of i 21. I CERTIFY that death occurred on the date above stated: that Lattanded deceased from 6.(c) If alive, give age Write 7. Right date of deceased (mp., day, yr.) Supply lease wri DURATION 8. AGE. Days If less than one day MARGIN RESERVED Duration , one years important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide,..... Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury 18. Funeral director... (Date rec'd by registrar)

MAR 1 1946
BUREAU

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 780

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CERTIFICATE OF DEATH

Rev. Dist. No.

		Tropy State trouming	.0+000000000000000000000000000000000000	
1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
COUNTY		Md. Reltimore		
City or town	RURAL and give nearest town)		***************************************	
Now long in above place of death?	-	City ar town. (If outside city or town limits, write RURAL and give near	est town)	
Hospital, institution, or street address where death occur		Street No. 2519 Creightou Due		
	***************************************	(If tural, give LOCATION)		
How long in hospital or institution?	one	2.(a) If veleran, name war None		
3. (a) FULL NAME (Charl	es William Heis	sterman IV 3.(b) Social Security N	(
Charles Wi	lliam He,	Isterman Fine None	amoer	
	gle, married, widowed, or divorced	MEDICAL/CERTIFICATION		
Male White	Single	- Til 9 V/	1730	
		20. DATE OF DEATH		
8.(b) Name of husband or wife	***************************************	21. I CERTIFY thet death occurred on the date above states that I attended decease	ed from	
	(c) If alive, give ageyears	19		
7. Birth date of deceased (mo., dev, yr.)	1936	and that I last saw h	19	
8. AGE: Years Months Bays	If less than one day	Immediate cause of death.	DURATION	
9 6 19	hrs min.	Burnel a death (in ourney building)	2/9/46	
	118.	3 degree firms head & buch		
Baltimore, Md.	d etate)	Due to	•••••	
(Mahaa1)	I etate)		m+0.00000000000000000000000000000000000	
10. Usual occupation		Dua to	*************	
11. Indostry or business				
12 Name Charles W. Heist	erman III	Other conditions		
Z 13. Birthplace Baltimore, Md.				
質 14. Maiden name Gertrude M.		(Include pregnancy within 3 months of death)		
14. Malden name Gertrude M. 15. Birthplace Baltimore, M.		Major findings of operations		
El 15. Birthplace Dalulino 10, N.		Date of op.		
16. Informant Charles W. Heist	erman 111	Autopsy results		
Address 2519 Creighton	Avenue Harford	PHYSICIAN: Please woderline the cause to which death shoold be charged at	atistically.	
Rumi ol	Balto: Co	22. VIOLENCE: If death was due to external causes, fill in the following:	alu.	
(Burial, cremation, or removed Which?)	ereof 2712/46 (month) (day) (year)	Accident suicide, or homicide	9/46	
Cemetery or crematory Journal I	6	Where did injury occur? To Walks Sales (County)	led	
() 1 0 (2/	(City or town) (County)	(State)	
Location The College College		1 1 1	J. J. T. Villand	
18. Funeral director George J. Rut	h, Inc.	Means of Injury Burning bulding Injured at work? W		
Address 1735 Harford	Avenue	73.20. 11 1 Ma	a DME	
-1 41	7. (-	23. SIGNATURE M. D. or	Y 1/11/L	
19. (Date rec'd by registrar)	celyele	Tarm. 14/11	Lalus	
(Date rec'd by registrar)	Registrar	Andress Date signed	I/JTO	

VS A15

VS A15 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH



Dist No 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RUKAL and give nearest town)	State	
How long In above place of deeth?	(If outside city or town limits, write RURAL and give nearest town)	. *** ****
Hospital, institution, or street eddress where death occurred:	Street No	
	(If rural, give LOCATION)	
How long in hospital or tnstitution?	2.(a) If veteran, name war	
3. (a) FULD NAME Jeusley.	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed for divorced	20. DATE OF DEATH TUV. VS 1946 3170	a.
8.(b) Name of husband or wife. Clarenter I femaley.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) Gully . 1915	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURA	ATION
30hrsmin.	1211	
9/,	The deer varus over	
B. 8irihplace(Town, county, and state)	Due to.	***********
tO. Usual occupation	Due to	
1t. Industry or business	Due 10	100000000000000
E 12. Name Thomas S. Musselman	Other conditions	
13. Birthplace		
14. Maiden name Die Jane Hoodon;	(Include pregnancy within 8 months of death)	
	Major findings of operations.	
=1 15. Birinpiace		
16. Informant Carlos & Carl Musiliman	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address		(.
17. Review (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was plue to external causes, till in the following; 2 - VJ y Accident, suicide, or homicide.	46.
	Where did latury accur? Sp. Pt 19 Barto hay	,
Cemetery or crematory	(City or town) (County) (State)	
Location Down	Injured at home, farm, Industry, public place (where?)	
18. Funeral director John Donnelly	Means of Injury My Capt. See Injured at work?	
Address \$18 Easternaul Colsex 1.	23. SIGNATURE	
18. 2 / 2 2/ 19 46 Jounely	Do or other	4



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	01	35	An
Reg.	Dist. No.	-t	7

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	City or town / City or town limits, write RURAL and give nearest town)
Hospital, institution, or sireet address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Jeusley.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	20. DATE OF DEATH. TW. YS 15/ 04 M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) M allun alun aga	19, to
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	DAM
, 14hrsmin.	2 1
9. Birthplace	Due to.
10. Usual occupation	Due to
12. Name Clarence I Bensley.	Dther conditions
X 13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Dealracella Musselma	Major findings of operations.
14. Maiden name. Destruce The Musselma 15. Birthplace Va	Date of op.
P. L. mansel	Antopsy results.
18. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address /a -	22. VIOLENCE: It death was due to external causes, all in the tollowing:
17 Remaral Date thereof 2/27/46	Accident, suicide, or homicide Accident Bate of A-15-46
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, of monitored Sparen Pt -19 - Barto My
Gemetery or crematory	Where did injury occur?
Location Roundle Ta	Injured at home, farm, Industry, public place (where?)
0.0.00	Means of Injury During in agri Blog Injured at work? W.
Address 468 Earstern Que - Essex 21	ma maris ma.
3/36 Of Al no	23. SIGNATURE AM. O. of other
19. Registra	Address Date signed / V6 14 6



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (93.) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) The (If outside city or town limits, write KURAL and give nearest tow Row long in above place of death?.. clearly information of death cle How long in hospital or institution?. 2.(a) If veteran, name war 3. (a) FULL NAME 4. Sex 6.(a) Single, married, widowed, or item of in

Registrar

MARGIN RESERVED FOR BINDING

Supply

UNFADING INK.

Physicians: please

important.

especially PLAINLY

WRITE

PLEASE

7. Birth date of deceased (mo., day, yr.)

1B. Usual occupation. 11. Industry or business

13. Birthplace

15. Birthplace

18. Funeral director

(Date rec'd by registrar)

8. AGE:

3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DURATION mos (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; month (day) (year) Accident, sulcide, or homicide..... Where did injury occur? (City or town) (State) Injured at home, farm, industry, public place (where?) Means of injury tnjured at work? 23. SIGNATURE M. D. or other 2-12



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

01356x2 Reg. Dist. No.

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dellana	" Dallyman.
City or town	State County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 46/2 Finder Durg
46/2 Lunden core	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sadie Elizabeth He	elleary non
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femalo White Married	20, DATE OF DEATH. TO 19 19 19 19 19 19 19 19 19 19 19 19 19
200 + 14 1 00 ans	21. I CERTIFY that death occurred on the dato above stated: that Lattended deceased from
9.(8) Name of husband or wife.	18/1/10-18/1/- 18
7. 9irth date of	ars and that I last saw harmalive on 19.
deceased (mo., day, yr.) +'eb 3/882	Immediate cause of death OURATION
8. AGE: Years Months Days If Less than one day	apole 1 do
64 0 9m	. // // // // // // // // // // // // //
Baltinia City his	I que to com amora carello 27x
9. Birthplace(Town, county, and state)	
10. Usual occupation	Que to arterial of the transie
11, Industry or business Homes	5-42
= 12. Name Boling Inteller Islathering	Other conditions
Z 13. Birthplace Peterslove Ma.	,
	(Include pregnancy within 3 months of death)
6 AA AA	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant	PHYSICIAN: Please underline the ceuse to which death should be charged statistically.
Address 4612 Tenderson, Halothof	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, eremation, or removal, Whieh?) Oate thereof 2/18/46 (month) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?) Oate thereof (month) (day) (year)	
Cemetery or crematory Loudon Park Cem.	Where did injury occur? (City or town) (Connty) (State)
Location Balto, Md.	Injured at home, farm, Industry, public place (where?)
19. Funeral director. WM. J. TICKNER & SONS	Means of Injury Injured at work?
Daltinesa Ma	And Allen and
Address, Baltimore, Md.	23. SIGNATURE ALL D. or other
19.7/5 19.46 The Wedner of the Parish of the Registration of the R	5609 Min st Habitharpe
(Vate rec'd by registrar) Registr	fat Address Date signed Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

01359

CERTIFICATE OF DEATH

			Note: Diete i vormanie
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Beltimore			State Maryland County
City or town (If outside city or town limits, write RURAL and give nearest town)			Reltimore
How long in above place of death? 10 Hrs. 55 Minutes			City or town
Hospital, Institution, or	street address where	death occurred:	Sireet No. 119 Scott St.,
Vets. Adm. Hosp., Ft. Howard, Maryland			(If rural, give LOCATION)
How long in hospital or institution? 10 Hrs. 55 Minutes			2.(a) If veteran, name war WW-I
3. (a) FULL NAME			3. (b) Social Security Number
		WILLIE T. HOLLOMAN	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Married	20. DATE OF DEATH February 28. 1946 3:05 A. N
6.(b) Name of hashard	of wifeTere	sa Holloman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27, 19.46 to February 2819 46
		6.(c) If alive, give age 31 yea	and that t last saw h IM alive on February 28, 1946 19
7. Birth date of deceased (mo., day, y	7.1-0	6	and that I last saw h
8. AGE: Years		Days If less than one day	Immediate cause of death DURATION Primary Carcinoma of liver Unknown
49	7	24 hrs. min	
9. Birthplace Vir	rainie		Para de
100	(Town,	county, and state)	Due to
10. Usual occupation	Chauffeu	<u>r</u>	
11. Industry or business			Due to
		man	
	Virginia		
ac			(Include pregnancy within 3 months of death)
14. Maiden name		ailey	Major findings of operations.
15. Birthpiace	Virginia		Date of op.
18. Informant Cl.	inical Rec	ords, Vets. Adm. Hosp.	Agtopsy results Primary Carcinoma of liver.
	Howard,		PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Rugiess			22. VIOLENCE: if death was due to external causes, flil in the following:
17. Buris	or removal. Which?	Date thereof Man 2/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltimore National Cemetery			Where did injury occur?
Baltimore, Md.			Injured at home, farm, industry, public place (where?)
1 Too Odon			Meens of injury injured at work?
18. Funeral director			- NA CLARA A
Address 4644 York Road., Balto., Md.		ork noad., barto., Md.	23. SIGNATURE CMMBalter
1 2/	11.6	A. W. Hedrick	A. M. BALTER LT. COL. M. C. ATPER OTTE
(Date regid by reg	gistrar)	Registra	A.M. BALTER, LT. COL., M.C. CLIN. DTR. Address Ft. Howard, Md. Date signed 2-28-46

A15 SA

Baltimore, Maryland Location 18. Funeral director . J. Tickner & Sons North & Penn. Aves, Balto..17

(City or town) (County)

Injured at home, tarm, Industry, public place (where?)

Injured at work?

Meens of Injury

23. SIGNATURE BALTER, LT. COL., My O. or GLIN. DIR

Address Fort Howard, Maryland Date signed 2-4-46

STATE OF MARYLAND—(93-D	5
* County Baltimore				Registration Dist. No.	
Village or City			(16	No.Bellona & Brightside Aves • St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residanca in	city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME	Isabel L			If U. S. Veteran, specify WAR	
(a) Residence: No.	Bellona	& Brights	side Aves.	St., Ward.	
(a) Nooldelloo. No.		(Usual plac		If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	ite		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH Jehr 20 (Day)	1946
5a. If marriad, widowad, or divorced HUSBAND of Robert Dixon Hopkins			ins	22. I HEREBY CERTIFY, That I attended decaased fro	ecaased from
6. DATE OF BIRTH (month,	day and year) All	rust 3. 1	1863	1 last saw h 12 alive on 2/19 1 1946;	death is said
7. AGE Yaars 82	Months 6	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	30011113
8 Trada profession or			ormin.	ware se follows:	Octo of onset
kind of work don SAWYER, BOOKK 9. Industry or business work was dona, a SAW MILL, BANI 1D. Data deceased last y	in which	***************			
1D. Data deceased last very this occupation (region)	vorked at nonth and	sp	time (years) ant in this cupation		
12. BIRTHPLACE (city or town)(Stata or country)				Other Contributery Causes of Importance:	Grass
	iam Luke			Hubertousion	
14. BIRTHPLACE (city or town) (Stata or country) Scotland				Name of operation	
15. MAIOEN NAME R				What tast confirmed diagnosis? Was there an aul	opsy?
15. MAIOEN NAME Rose Lindsay 16. BIRTHPLACE (city or town) (Stata or country) Scotland 17. INFORMANT Mr. D. Luke Hopkins (Addrass) Bellona & Brightside Aves. 18. BURIAL, & REMATEONY OR REMOVAL Place Loudon Park Cem! ty. Date 2/23/46 19				Accident, suicida, or homicide? Data of injury Where did Injury occur?	, 19
			lves.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	E.
				Mannar of injury	
19. UNDERTAKER John O. Mikhell + Som, Inc. (Address) 900 Eutaw Place, Baltimore, Md.			Inc.	24. Was disaase or injury in any way ralated to occupation of daceased?	
20. FILED 2/23	10 46.	a.w.k	ledrich	(Signad) // // / / / / / / / / / / / / / / / /	M. D

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done. FEB 2 3 1946

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 250	State Many and County Salturge
(If outside city or town limits, write RURAL and give nearest town)	(Red dollar
How long in above place of death?	Cliy ar town (1) (1) outside city or town limits, write RURAL and give nearest town)
Hospital Institution or street address where death occurred:	Street No Liferty Road
	if rural, give LOCATION)
How long in hospital or√nstitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Loor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m married	20. DATE OF DEATH FAL. 4 1946 , 316 3 2 M
8, (b) Name of husband or wife and Anton	21. I CERTIFY thet death occurred on the date above stated; that I attended deceased from
	7 14 4 1946 10F 16 4 19 4 6
7. Birth date of / / / / / / / / / / / / / / / / / /	and that I last saw because on T
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Dynarion
47 4 22hrsmin.	caronary thrombours (m
2 4	
8. Birthplace (Town, county, and state)	Due to.
10. Usual occupation and ale	Due 1o.
11. Industry or husiness Self	905 14
E 12. Name C A Horton	Other conditions
12. Name 1 2 A A A A A A A A A A A A A A A A A A	
14. Maiden name Laftelle Baffa	(include pregnancy within 3 months of desth)
15. Birthplace Bal tunford try	Major findings of operations
16. Informant Mus. Era Horton	Autopsy results.
() (1) $+$	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Candallatown Tud	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereol	Accident, suicide, or homicide
Cemetery or crematory. It a all aum	Where did injury occur?
9- 11	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	Injures et avisi
Address euch of horth and	23. SIGNATURE De Martin
19. 2 Hattu (Datorec'd by registrar) 1846 Registrar	Address Pand allatory Bate signed 2/4/46
(contained in the second of th	Address Date signed 77

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MARGIN RESERVED FOR BINDING

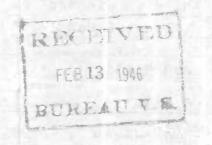
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

· CERTIFICATION .	Reg. Dist. No
1. PLACE OF BEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: Orhewborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH. 145 P. M.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace	Due to.
11. Industry or business 12. Name	Other conditions
16. Informant Mrs Walter H Schmidt Address 303 E 25th St	Autopsy results
Burial Date thereof Feb 10 1946 (month) (day) (year) Cemetery or crematory United Bretheran	Accident, euicide, or homicide
18. Funeral director Lagracher Januar House Address 7401 Belair Road	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. Tut. 8 19 46 Mas a. J. Rujenida. Registrar	23. SIGNATURE ALL ALL CONTROL OF STREET OF STR



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and logibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77:30

CERTIFICATE OF DEATH

113638 Reg. Dist. No.

1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Ind. county Balto.
(if outside city of town limits, write KURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Home	Sireet No
How long in hospital or instillution?	2.(a) If veteran, name war. World War II 💥
Thomas mitchell	Jenifer 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married	20. DATE OF DEATH Set 194 1946 at M
B.(4) Name of husband or wife margaret h. Jenifer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) It alive give age	Dec 19415 to 7-11-194 1946
7. Birth date of deceased (mo., day, yr.) July 15-1901	and that I last saw h. 4224 alive on FUL 182
8. AGE: Years Months Days It less than one day	Immediate cause of death
447 4hrsmin.	act Cardine Collabor
9. Birthplace Loch Raven - md. (Town, county, and state)	Due to At ty fallenson
10. Usual occupation Lawyer	als shall an
11. Industry or business Law	Due to.
# 12 Name Thomas R. Jenifer	Other conditions
13. Birthplace Balto. Co md.	
14 Maiden name Edith mae mitchell	(Include pregnancy within 8 months of death)
14. Maiden name Edith mae mitchell 15. Birthplace La Plata, Charles G., Ind.	Major findings of operations
16, Informant Walter m. Jenifer (Br)	
\	Antopsy results
	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. Burlal Bate thereof 2-22-46 (Burlal, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Prospect Hill	Where did injury occur?
Location Towson Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Stewart & Mowen Co.	Means of Injury Injured at work?
Address 108 W North - Partials min I	Doubl &
2 Aures 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/23. SIGNATURE Dauge of W. Mr. faucte
19. The recid by registrar	Address Touson 4 ms pale signed Februario

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THE RESIDENCE OF STREET

•	D. Every	SICIANS	statement	
	RECOF	Y. PHY	Exact :	
BINDING	PERMANENT	EXACTL	ly classified.	ato
FOR	V SI	stated	proper	cortifica
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement	IN is vory important See instructions on book of cortificate
	RITE PLAINLY,	ion should be care	USE OF DEATH i	No is your imports

STATE OF MARYLA	ND-CERTIFICATE O	OF	DEATH 1365
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1	. PLACE OF DE	ATH	or MAIN	TEAND	——————————————————————————————————————	
	County E	altimore			Registration Dist. No. 30	
		atonsville	9		Shady Nook ave.	Vard
	0	city or town where	deeth occurred	13 yrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	
2	FULL NAME.	Mary S.			If U. S. Veteran, specify WAR	
-	(a) Residence: No	Shadyno	Ok Ave. (Usual place	e of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		LOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jebruary 15 , 1946 (Month) (Oay)	, r)
5a.	If married, widowed, or d HUSBAND of (or) WIFE of	ivorced			22. 1 HEREBY CERT1FY, That I ettended decessed	from
6. DATE OF BIRTH (month, day, and year) Nov. 27, 1864					liast saw h & alive on Jeb + 1946; death is	r Sald
7. A		Months	Days	If LESS than	to have occurred on the date stated above, et 4 6 m.	Julu
	81	2	19	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trade, profession, or	particular		1 01	0210010	nset
읦		ne, as SPINNER, KEEPER, etc	one		Carcinoma of bladder	
JPA	9. Industry or business work was done,	s In which es SILK MILL,				
OCCUPATION	work was done, es SILK MILL, SAW MILL, BANK, etc					
12.	BIRTHPLACE (city or tow (State or country)	washin	gton Stat	е	Other Contributory Causes of importance;	
2	13. NAME JO	hn F. Jen	kins			
FATHER	14. BIRTHPLACE (city of		5.		Name of operation Oate of What test confirmed diagnosis? Bronsy at J. 11. Was there an autonov?	
œ		Elizabeth	S. David		140 thoras a good of the company is a	10
MOTHER	16. BIRTHPLACE (city of	town)	Pa.		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Mr. John F. Jenkins (Address) Gladwyne, Pa.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	****
18.	BURIAL, CREMATION, OF Plece Piermon	REMOVAL	- /-	6/46 ,19	Manner of Injury	
19.	UNDERTAKER 1900	1-11/100 Eutaw Pla	rett a d	us sue	24. Was disease or injury in eny way related to occupation of deceased?	
20.	FILEO 2/16	., 19 46	tarry >	ty Registrar. T.	(Signed) Welkerbie Terreston St. Balto	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 5 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934



CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) write RURAL and give nearest town) Hospital, institution, or street address where death occu Street No (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Months If less than one day 8. AGE: 9. Birthplace .. 10. Usuat occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide...... Where did injury occur? (City or town) (Connty)

WRITE ASE A15

Registrar

Means of Injury

Injured at home, farm, Industry, public place (where?)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93.d)

Reg. Dist. No.

3. (b) Social Security Number

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution?

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.) 8. AGE: Years If less than one day

none 10. Usual occupation.

11. Industry or business

Registrar

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 3 months of deeth)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

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information of death cle

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

0136X

					Acg. Distriction		
1. PLACE OF DEATH: Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Ba	Ttlmo			***************************************			
City or town		Fort	Howard	URAL and give nearest town)	State Virginia County		
	(If outside	eity or town lir	nits, write K AVS	ORAL and give hearest town)	City or town Kilmarnock (If outside city or town limits, write RURAL and give r	nearest town)	
Macalial inclination	How long in above place of death? 2 Days Hospital, institution, or street address where death occurred:						
Vets. Ad	lm. Ho:	sp., Ft	. Howa	rd, Md.	Street No. (If rural, give LOCATION)		
How long in hospi		2 D	ays		2.(a) If veteran, name war. WW-I	V	
How long in hospit	tal or institu	1100 f					
3. (a) FULL N	AME				3. (b) Social Securit	y Number	
				OUS JONES			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	C	olored	Ma	rried	20. DATE OF DEATH. February 27, 1946.	at 7:00A. M	
	11111	E1122	Jones	.	21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased from	
6.(0) Name of July	ngmy or wise			. 15	February 25, 1946 to February 27, 19 46		
7. Birth date of 5 00				c) If allve, give age	and that I last saw h im alive on February 27,	19.46	
deceased (mo.,	day, yr.)	5-8-8	8		Immediate cause of death	DURATION	
8. AGE:		Months	Days	If less than one day	Arteriosclerotic heart disease	Unknown	
	57	9	19	hrs min.			
	Lanca	ster Co	unts	Vo	Buato		
9. Birthplace		(Town,	county, and	Va state)	Due (U.		
10 Benal necuna	tion Un	employe	d	***************************************			
					Due to	******	
11. Industry or bu	Debes	+ Tonos				*****	
12. Name	Mi	t Jones		***************************************	Other conditions		
13. Birthplace					(Include pregnancy within 3 months of death)		
14 Maiden	ame L	ucy Bro	keman				
14. Maiden n 15. Birthplac	Virgi	nia			Major findings of operations.		
					Date of op.		
16. Informant				Vets. Adm. Hosp.	Autopsy resultsArterioscleratic heart di PHYSICIAN: Please underline the cause to which death should be charge	Sease	
Address	Ft. H	loward,	Md.			ed statistically.	
12		. 0		3-2-41	22. VIOLENCE: If death was due to external causes, fill in the following:		
17(Burial, crem	ation, or re	moval, Which?)	Date ther	eof	Accident, suicide, or homicide		
					Where did injury occur?	(Stata)	
Cemetery or cr		******************		6 .1-		(Dance)	
Location	Il	mar	non	R, Va.	injured at home, farm, industry, public place (where?)		
18 Eunoral direc	tor Ch	arles R	Law		Meens of Injury Injured at work?		
	80	2 Madis	ond I	Balto.,Md.	(IMMAS a CHA		
Address				0 00 -	23. SIGNAURE A. M. BALTER, LT. COL., M. O.	DOLLAR TOTO	
10,21	1	19 6	6	tuttede			
De rec'd	by registrar	·)	7	Registrar	Address Ft. Howard, Maryland Date sign	ed	
					20		

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

01369 Reg. Dist. No. 32

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn in ants give residence of mother) State. County County Clips or town (If outside city or town limits, write RURAL end give nearest town) Street No. 2 (If rural, give LOCATION) 2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Jemele white Single 6.(b) Hama of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Sept - 18 - 18 - 18 - 9 8. AGE:, Years Months Days If less than one day	and that I last saw h
9. 8 irthplace Baltime (Town, county, and state)	Due to Attirlo Selicosio 2
11. Industry or business 12. Name Jayans Afmedy 13. Strikplager Seland	Due to
14. Maiden name Eliza Consoy 15. Birthplace Neland	(Include pregnancy within 3 months of death) Major findings of operations
Address 211 Church Love, Pileselle Ind.	Antopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Mescrille Manyland 18. Funeral director Trans. H. New Ed.	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address Pikesville, marylaid 19 July 5 - 18 / 6 & Melyl (Date rec'd by registrar) Registrar	23. SIGNATURE & Ca Melalo M. D. or other Address Melescelle & my Date signed Field J. 4 (



X	The correct age	FILM No.		O FEB 2	8 194	CER7		E OF DEATH 2. USUAL RESIDENCE (HON
	The cegibly.					***************************************		(For newborn infants give resid
	0	City or town	Ba	Ltimore	A	RURAL and give near		state Maryland
	carefully.	11				ROKAD BING NEW		City or town Baltimo
	refu	Hospital, Institution	on, or stree	et address where o	death occurre	d:		Street No. 25 Lingar
	(1)					enue		(If rus
	tior h cl			itution?			***************************************	2.(a) If veteran, name war
	information care	3. (a) FULL N	AME	I	nnie	Klein		
PH	inf s of	4. Sex	5.	Color or race	6.(a)Sing	le, married, widowed, or	divorced	MEDICA
IN	n of uses	F White Married				20. DATE OF BEATH Febru		
BINDING	. Supply every item of please write the causes	s.(b) Hame of husband or wife						21. I CERTIFY that death occurred on the
FOR	eve	7. Birth date of deceased (mo., day, yr.) May 19-1878					and that I last saw h. L. alive on	
	ply	8. AGE:	Years	Months	Days	If less than one da	у	Immediate cause of death
VEI	Sup	67		9	5	hrs.	min.	Chronic
RESERVED	K.	9. Birthplace Baltimore, Maryland (Town, county, and state)					Due to	
EES	ADING INK. Physicians: p							
	N.G.	10. Usual occupation at home					Due fo	
GI	ADING Physicia	11. Industry or business					13.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	
MARGIN	E-	12. Name	E 12. Name Fred Woodey 13. Birthplace Md.					Other conditions
M	44	E 13. Birtingias	7	(Include pregnancy w				
3	WITH UNF	14. Malden 15. Birthplac	name A	Md.	M.Fa. ab. W. fa	er	•. •• •• • • • • • • • • • • • • • • •	Major findings of operations
I)		≥ 15. Birthplac	9/120	Venzur	G K	Lein		
	LY, iall,					enue-14-	9 04 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	PHYSICIAN: Flease underline the cau
	AINLY, especially	Address					AC	22. VIOLENCE: If death was due to ext
	PLAINLY s especiall	17. Bur (Burial, erem	ation, or	removal. Which?)	Oate the	reof 27 /(honth) (de	ay) (year)	Accident, suicide, or homicide
		Cemetery or cr	ematory	Bal		e		Where did injury occur?(City or
	WRITE	Location		Bal	timor	<u> </u>	• 000•••000•••0000•0•400000••	Injured at-kome, farm, Industry, public
	*			*		T Decele		Means of Injury

Leonard J. Ruck

Harford Road

Reg. Dist. No. Parkville

3. (b) Social Security Number

RESIDENCE (HOME) OF DECEASED:

41f outside city or town limits, write RURAL and give nearest town)

Linganore Avenue (If rural, give LOCATION)

MEDICAL CERTIFICATION

OURATION

(Include pregnancy within 3 months of death)

lease underline the cause to which death should he charged statistically.

: If death was due to external causes, fill in the following:

(County) (City or town)

, farm, Industry, public place (where?) Injured of work?

(State)

EEASE

18. Funeral director.

Address

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FEB 26 1946
RUREAU

Lo Shugnest

2411 N. Charles St., Baltimore (862)

CERTIFICATE OF DEATH

01371

			CERTIFICAT	E OF DEATH	Reg. Dist. No.
How long in above ple Hospital, Institution, Spri	Ba Catons If outside city or town I ace of death? 22 y or street address where ng Grove St I or institution? 22 y ME	ears, death occurred ate Ho ears,	URAL and give nearest town) L month, 21 days spital L month, 21 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restriction of the control o	write RURAL and give nearest town) Ste
female	white		widowed		19. 46 at 8:00 a
6.(b) Name of husband or wife unk Julius Mause B.(c) If alive, give age no years				21. I CERTIFY that death occurred on the date abo	ve stated: fhaf I attended deceased from
7. Birth date of	35 3				19
S. AGE.	ears Months	1, 186 Days 10	If less than one day	Immediate caose of death	DURATION
11. Industry or bus	on Seamstre	S S	itate)	Due to Due to	nght.
	~			Other conditions	
	me Katherin	e Grim		(Include pregnancy within 3 r	
1B. tnformant	Hospital Catonsvil		s	Actopsy results	hich death shoold be charged statistically.
41.	tion, or removal. Which matery of the state or Elizabet Wes	Date ther	eof. First, 23-44 (month) (day) (year) vay a.g.l.o. vale Firs.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur? Injured af home, farm, industry, bublic place (Means of Mury 23. SIGNATURE Address	Dale of The York (Spate)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (954)

R	eg.	Dist	. No	_ 4	/	4	
175	60.	4	1	0	in,	7	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: (a) County Salto.	2. HOME (USUAL RESIDENCE) OF DECEASED:		
	(a) State 2nd; (b) County Balto.		
(b) City or town Chesaes Carle	(a) State Fire Fash in F		
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town dadge Forset (If outside by or town limits, write RURAL and	d give town)	
8017 Llivall are.			
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 7.709 Sugues (If rural give deation)		
(e) Length of stay in this community (yrs., mos., or days) 3 do	(e) If foreign born, how long in U. S. A.?36	years	
3 (a) FULL NAME Trederick august Krues	are		
3 (b) If veteran, name war 3 (c) Sogral Security	MEDICAL CERTIFICATION	20.	
No. 213-07-9058	20. Date of death 716-6 1946, at //	A_M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;	that I attend-	
males white divorced married	ed deceased from Fell-1 1946, to Fell-6	19.46,	
6 (b) Name of husband or wife Janet Kinger	and that I last saw him alive on Fel- 6 19.4.6		
nee Bowe 6. (c) If alive, give age J 8 years	Immediate cause of death Claubered	Duration	
7. Birth date of deceased (mo., day, yr.) July 11 - 1883	- Upp Magaz	3 days.	
7. Birth date of deceased (mo., day, yr.)	Due to When Silentin Scher of		
8. AGE: Years Months Days If less than one day	Due to Missa Sillyotta		
62,6 26 hr, min.	Due to		
9. Birthplace Sermany	Duc to	~~~~	
(Town, county, and state)	Other conditions		
10. Usual occupation machemist		PHYSICIAN	
11. Industry or business Beth Steel (If. Ft. md.)	(Include pregnancy within 8 months of death) Major findings:		
12. Name Hilliam Tineger	Of operations	Underline the cause to which	
13. Birthplace Sermany		death should be	
14. Maiden Name 2mbnon	Of autopsy	charged statisti- cally.	
15. Birthplace	22. If death was due to external causes, fill in the following	ing:	
16 (a) Informant Fred. A. Vinseger	(a) Accident, suicide, or homicide		
(b) Address 80/7 Devall Com.	(b) Date of occurrence		
	(c) Where did injury occur?(City or town) (County)		
17 (a) Burnal (b) Date thereof 2-9-46 (montp) (day) (year)	(d) Did injury occur about home, on farm, industrial pla	(State)	
(c) Cemetery or crematory Parkwood	place?While at work?.		
Location Taylor ave.	(Specify type of place)		
18 (a) Funeral director John 9. Convully	(e) Means of injury		
(b) Address 41 & Castern are: Essext	22 5: Aly M Dymusus	luce	
	23. Signature M. M. D. or	other	
19 (a) 2-7-46 (b) John G. Connelly	All Belf Ind Day in		

FEBIL 1945
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death-clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

01373

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH County 2 Tuest - Ru	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give negrest town)	State AMSMASSIAN County SULTAMAN
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 2 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME thedericle It. Ke	3. (b) Social Security Number
4. Sex 5. Color of race _ 6.(a) Single, married, wildowed, fir givered	MEDICAL CERTIFICATION 20. DATE OF DEATH LEGILLARY 25 CM 19 4 6 21 75 CM.
8.(b) Name of husband or wife Addlessal & Muslew	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw horax alive on 7 4 2 7 1946
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION 2 who
8. Birthplace Allinne mul	Due talle terro Deles Lee Cardio - ?
10. Usual occupation	Vescular Diares
11. Industry or bugsiness	Bue fo.
12. Name # Manual & Manager Service Service 13. Birthplace Service Service	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations. Date of op.
18. Informant Additional & Milliam	Antopsy results
Address 3 2 Just W William Holling (Burial, cremation, or removal Which?) Ogie thereof William Holling (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, aulcide, or homicide
(Burial, cremation, or removal Match?) Cemetery or grematory	Whera did injury occur?
Location Altingalf & Manh	injured at home, farm, industry, public place (where?)
18. Funeral director F. A. SMASSLEET Sont	Means of Injury Injured at work?
Address 300 Cellaw Place	D3. SIGNATURE CALLER OTHER
18 (Date ree'd by registrar) 19 46 U. Belliuch	1201/1/2011/2011/

VS A15

1326 London & ment Sheeter

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Sparrows Pt.,

Evidence for change of

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail increhants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset		se of death and related causes re as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	RECEIVE	1 week ago
Chronic interstitial nephritis	1921	Run over by street co	r	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 1945	3 days ago
			PITTERALLY	
Other contributory causes of importance:		Other contributor	y causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	The second section is a second second	1 year

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (334)

0137	5	4
Reg Dist No	40	

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
(If our town	State
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If raral, give LOCATION)
How long in hospital or institution?	2,(a) if veteran name har
3. (a) FULL NAME Wante B Wanter	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
F Wy WIDGUIED	20. DATE OF DEATH February 6, 19. 46 at 4P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattender deceased from Texturally 18.46.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Mooths Bays It less than one day	Immediate causs of death BURATION Congestive fear failing 1 yr
9. Birthplace Ballo 1 Tuch -	Que to Ayserduser Cardio
Tool (Town, county, and state)	Vasfular Lisease 178.
10. Usual occupation.	Due to
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
D S S Birtheless 7	Major findings of operations
Med Warren Andans	Oate of op,
16. Informati	Autopsy results
Address Haldway led.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bate thereof (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory Less. Catherinal	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
1B. Funerat director	Means of Injury tnjured at work?
Address Benjow, Mid.	23 SIGNATURE SOM J. Hudson, M.D.
19. (Date ree'd by registrar) Registrar	Address Address M. D. or other



correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 36)

CERTIFICAT	E OF DEATH Reg. Dist. No. 47
1. PLACE OF DEATH: County Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Day Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Md. How long in hospital or institution? 1 Day 3. (a) FULL NAME JAMES J. LIBERTINI	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Male Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH February 3, 19.46 at 11:50 Re
6.(b) Name of husband or wife Single 7. Birth date of deceased (mo., day, yr.) 5-24-20 2. A.C.E. Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2, 19 46 to February 3,9 46 and that I last saw h im alive on February 3,1 19 46. Immediate cause of death
8. AGE: Years Months Days If less than one day 25 8 8	Acute anterior Poliomyelitis 7 Days Due to.
11. Industry or business 12. Name Frank Libertini 13. Birthplace Italy	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
Antionett Genco Italy 15. Brithplace Italy 16. Informant Clinical Records, Vets. Adm. Hosp. Address Ft. Howard, Maryland	Antopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location	Accident, suicide, or homicide
18. Funeral director Road - 14- Address S30 Startorf Road - 14- 19. 2-4 19. (Date rec'd by registrar) Registrar	Means of injury Means of injury Injured at work? 23. SIGNATURE A. M. BALTER, LT. COL., M. B. or Called No. 10 and 10

A15 VS PLEASE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 97

CERTIFICA	TE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH THE CONTRACTOR	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor neyborn infents give residence of mother)	
County City or town (If outside city or town limits, write RURAL and the nearest town)	State County Cou	
How long in above place of death? Hospital, institutions or street address where death occurred: Sattlement Loff: Musseurg in once	Street No. (If outside city or town limits, write RURAL and give Street No. (If rural, give LOCATION)	nearest town
How long In hospital or institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME Ella Z	electy 3. (b) Social Securi	ty Number
4. Set 5. Color or cace 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. 1944.	6 1630 F
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I atlended d Feb. 1st Feb. 1	leceased from 46
7. Birth date of deceased (mo., day, yr.)	and that I last saw her allve on February 17,	
8. AGE: Years Months Days If less than one day	Auricular Fibrillation	2 years
9. Sirthplace Sown, county, and state)	Arteriosclerosis.	10 year
10. Usual occupation. 11. Industry or business A hand	Due to	*******
12. Name	Dither conditions	******
14. Maiden name May July 15. Birthplace	(Include pregnancy within 3 months of death) Major fludings of operations.	
15. Birthplace	Date of op	
16. Informant Add.	Autopsy results PHYSICIAN: Please underline the cause to which death should he charge	ged statistically.
Address O 2 5 W. South all 11	22. VIOLENCE: If death was due to external causes, fill in the following:	
Bale thereof (month) (day (year))	Accident, suicide, or homicide	
Cemetery or crematory 1011 1111 1111 1111 1111 1111 1111 11	Where did injury occur? (City or town) (County)	(State)
Location 450 Well Stelland O. S. C.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
18. Funeral director Sun	10 0 00	1 1
Address 9 CM - 0.5 St. allus St.	23. SIGNATURE Marce & Than	D. opothers_46
19. 2-19 1946 auffedout	1740 W p 1	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	Street No. (If rural, give LOCATION)
3.(a) FULL NAME Edward Lightman	3. (b) Social Security Number None
4. Sex S. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. February 20, 19.46, al.: 40. A.
8.(6) Name of husband or wife Mrs. Lola Lightman 7. Birth date of deceased (mo. day, yr.) June 6, 1891	and that I last saw h IM alive on February 20, 18 46
8. AGE: Years Months Days If less than one day 54 8 14 hrs. 9. Birthplace Baltimore Maryland (Town, county, and state)	Pulmonary Tuberculosis 7 Yrs
10. Usual occupation. Cook 11. Industry or business	Due to
12. Name William Lightman 13. Birthplace ?- Unknown	(Include pregnancy within 3 months of death)
14. Maiden name Frances Brumley 15. Birthplace Baltimore, Maryland 16. Informant Edward Lightman	Major fieldings of operations No operation Ogte of op.
Address Alberton, Balto.Co., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemelery or crematory. Good Shepherd Cemetery	Accident, suicide, or homicide
Location Howard Co., Maryland 18. Funeral director F. C. Higinbothom, Jr. Address Main Street, Ellicott City, M	Means of injury injured at work?
19 Feb. 20, 19 46 Earl 7 Webster (Date rec'd by registrar)	23. SIONATURE MOUNT Wilson, Md. Date signed 2/20/16

Recio

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...... Date signed 2/20/46...

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

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PEEASE

RECEIVED

Announced Property.

David A. Strain

THE DAMPS OF STREET

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FEB 22 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

13-6

CERTIFICATE OF DEATH

Reg. Dist. No.

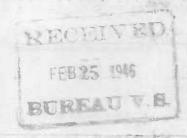
How long to above place Hospital, Institution, or Branch	ount Wils utside city or town li of death? O yl street address where	Sept occurred Sanat	aryland URAL and give nearest town) MOS., O days Mt. Wilson Orium mos., O days	Street No. 1003 H.	ws Potown limits, Stree	y Baltimor int write RURAL and give n t OCATION)	
3. (a) FULL NAME						3. (b) Social Security	y Number
		othy I				None	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDI	CAL CE	RTIFICATION	
Female	White		Single	_ 20, DATE OF DEATH Febra	ary 2	1, 19.46	.4:05 A
8.(6) Name of husband	or wife	***************************************		21. I CERTIFY that death occurred on May 21,	the date above	stated; that t attended de-	eased from
7. Birth date of) If alive, give ageyea	and that I tast saw hC.Talive o	, Feb	ruary 21,	19. 46
deceased (mo., day, y	DCTOD	er 25,	1727	Immediate cause of death			
8. AGE: Years 16		27	The state of the s	Pulmonary T	uberc	ulosis	I Yr.
9. Strihplace	undalk, l	Maryla county, and s	nd tate)	Bue to Tubercle	Bacil	li	••••
10, Usual occupation		<u></u>		Due to			
11. Industry or busines:		nah		Other conditions Diabet	or Mo	77:+110	ll Yrs
12. NameJ.	Baltimo:	re. Ma	ryland	Tuberculous E			
H 14 Meiden neme	Julia	Dony					
14. Maiden name 15. Birthplace 16. tnformant	Baltimo	re, Ma	aryland	Major findings of operations			
16. Informant D	orothy L	ynch		Antoney results NO 3U	topsy		***********
			ows Pt., Md.	PHYSICIAN: Please underline the			d statistically.
17 Buria	Cor removal, Which?	Date there	of Feb. 25, 194 (month) (day) (year)	Accident, suicide, or homicide		Date of	
Cemetery or cremato	, Holy	Redeer	mer Cemetery	Where did injury occur?(Cit	y or town)	(County)	(State)
1.1.30	Relair	Road.	Balto. Md.	Injured at home, farm, industry, pub			
18 Funeral director	Phillip	Herw.	lg & Sons	Means of Injury		Injured at work?	
Address 202	4 Orlean	s St.	, Balto., Md.	Atom	not.	A Marks	er mis
9. Feb.	21, 1946	Carl	J. Walstan Registre	23. SIDNATURE Mount Wil	son,	Md. Date signed	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly mediately.

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PLEASE WRITE



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 932

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Dist.	No		4	<i>Y</i>

					Reg. Dist. No	
1. PLACE OF DE	ATH: imore	1		2. USUAL RESIDENCE (HOME) Of	mother)	
City or town. Ft. Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hrs. 7 Minutes Hospital, Institution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Md.		State Maryland Cou Baltimore City or town (If outside city or town limits Street No. 407 N. Rose St (If rural, give	, write RURAL and give ne	earent town)		
			Minutes	2.(a) It veteran, name war.		
3. (a) FULL NAM	JOHN	G. MAF	BEIL (Mybohn) le, married, widowed, or divorced		3. (b) Social Security	Number
4. Sex Male	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced Married	MEDICAL CE	ERTIFICATION 19.46	,at.8:37 P.m
7. Birth date of	22 6 6	6.	Marbell (c) It alive, give age	21. I CERTIFY that death occurred on the date abo February 18	46 , to February	718, 1946
deceased (mo., day,) 8. AGE: Years 5		Days	tf less than one dayhrsmin.	Immediate cause of death		Unknown
1D. Usual occupation 11. Industry or busines	Copper We	lder	state)	Due to		
13. Birthplace	Germany		ne	Dither conditions Broncho-pneum	nonths of death)	Unknown
14. Malden name.	Germany		PART	Major findings of operations.	Date of op	
	inical Rect. Howard,		Vets. Adm. Hosp.	Autopsy results Arteriosclerot PHYSICIAN: Please underlind FORGAO	is heart dise	8.56 statistically.
17 Burial (Burlal, cremation	or removal. Which	, Ke	(month) (day) (year)	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	(County)	(State)
Location	Chris N		101,	Injured at home, tarm, Industry, public place (wh Meens of injury	injured at work?	
Address	2334 Je	ffers	on St., Balto., Md.	23. SIGNATURE COMPSO	Oles	
13. 7. Coate rec'd by re	2 / 19 4 6 gistrar)		and Registrar	A. M. BALTER, L. Address Ft. Howard, Md	r.COL., M.C.M. C.	2-19-46

WRITE PLAINLY, is especially

PLEASE

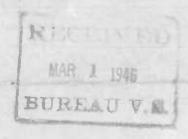
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (422)

CERTIFICATE OF DEATH

	100. 5111. 110
1. PLACE OF DEATH: MATTE PRINT RA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 2 04 Marie 1000 Marie 22.	State
(If outside city or town limits, write RURAL and give narrest town)	City or town
Hospital, Institution, or effect address where death occurred:	
Mattimore County	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL HAME James Franklin Mas	incufp 3. (b) Social Security Number 224-07-9498
Wale white Single, married, widowed, or divorced that	MEDICAL CERTIFICATION 20. DATE OF DEATH. Feb. 2 # 1546. at 1:10 Am.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. Latter on Fell . 2 H. 1946.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
35 3. 9nin.	Generalized carcinomstoses 6 wks
9. Birthpiace(Town, county, and state)	Due to
10. Usual occupation Barber.	Lawrence James 200 has,
11. Industry or business Hair cultury	Due to
12. Name Unius Manucuft 13. Birthpiac Augusta Co. Va.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Nauly B. Hotel Kohre	Major findings of operations. Carculowa Jung
\$ 15. Birthplace Cugusta County Va	- Date of op Jan 19. 1976
16. Informant Many	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address salling as with.	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory. Chassilistic	Where did injury occur?
Location Stanton Va	Injured at home, farm, Industry, public place (where?)
18. Funeral director Oslan of Connelly	Maens of injury Injured at work?
Address 468 Castern avl. Espey 21.	Louis n. Tolling. M. N.
19 2/25/ 19 46 Junds Connelly	23. SIGNATURE M. D. or other M. D. or other 2/2/2/4//V/
(Date rec'd by registrar) Registrar	Address Date signed 7.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore 46-2

CEPTIFICATE OF DEATH

	()1	3	8422
D	Dies No		4

			CERTIFIC	ALE OF DE	AIH	Reg. Dist. No		
1. PLACE OF DEATH:				2. USUAL RES	IDENCE (HOME) Con infants give residence of	OF DECEASED:		
County Baltimore City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town)				State Mary]	state Maryland County Baltimore Raspeburg (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?				Street No	(If outside city or town limits, write RURAL and give nearest town) Street No. 7305 Belair Road (If rural, give LOCATION)			
How tong in hospital or institution?				2.(a) tf veteran, nam	2.(a) If veleran, name war			
3.(a) FULL NAME Emelia	C M	aul				3. (b) Social Security N	umber	
4. Sex 5. Color	OL LSCO	6.(a)Single	, married, widowed, or divorced		MEDICAL C	ERTIFICATION		
Female W	hite	W	idowed	28. DATE BF BEATH	28. DATE BF BEATH. Feb 28 1946 9.00 AM			
6.(b) Name of husband or wife	orge	Maul	2f. I CERTIFY that d	leath occurred on the date ab	ove stated; that I attended decease			
7. Birth date of deceased (mo., day, yr.)	5 185) if alive, give age6	and that I last saw h	and that I last saw h. Y. alive on February St. 1846 Immediate cause of death Carcinosus of BURATION				
8. AGE: Years Mo	nihs 10	Bays 23	tf less than one day		death		BURATION	
9. Birthplace Baltimore County Md (Town, county, and state) 1B. Usual occupation At Home				Due to			***************************************	
11. Industry or business				Bue 10			**********************	
12. Name Augus 13. Birthplaco	sing many		Bther conditions	Bither conditions Cacalagua				
441	cka F	abig			months of death)	••••		
					Bate of op.			
16. Informant Miss Ruth Lassahn						••••••••••••••		
Address 7305 Belair Road				PHYSICIAN: Piease	e underline the cause to wi	hich death should be charged sta	tistically.	
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Immanuel Lutheran Cema				Accident, suicide, or	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
	on Av			injured at home, farm, industry, public place (where?)				
7	Fin	eral Home		n, siduality, public place (n.	injured at work?	***************************************		
Address 7401 Belair Road					1-11			
19/Mar. 1 1944 Ano. G.L. Reifsmeler Registrar				23. SIGNATURE	Thomas 7 Harford	M. D. or of Bate signed.	other , ,	

Dr. Thos Briman 5217 Harford Per

7-9

RECUIVED BURLAUVE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 79-2 CERTIFICATE OF DEATH Reg. Dist. No. corre 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) butus (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: clearly (If rural, give LOCATION) information of of death cles How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or diverced 4. Sea MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING item of 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of 6 deceased (mo., day, yr.) Supply lease wri DURATION Immediate cause of death 8. AGE: If less than one dayhrs. INK. (Town, county, and state) ADING 10. Usual occopation.... 11. Industry or business important. 13. Sirthplace (Include pregnancy within 3 months of death) WITH 15. Birthpiele WRITE PLAINLY especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removed, Which?) (month) (day) (year) Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work? DEASE M. D. or other (Date rec's by registrar)

2145 W. Boets . St. Hr. Chas. a. Cahn Jil 2 45-6

2411 N. Charles St., Baltimore 93-7

CERTIFICATE OF DEATH

01384

Reg. Dist. No.					
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
female white married	2D. DATE DE DEATH Setwary 16 th 1946 and 304.				
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from 19. #3 to Federary 26 19. #6 and that I last saw h alive on Federary 26. 18. #6				
deceased (mo., day, yr.) Lee 31 - 1889 8. AGE: Years Months Days If less than one day	Immediate cause of death				
56 / 26min.	Cornary Cellum & lines				
3. Birthplace Balting Med . (Town, county, and state)	Due to anguia Persons Aufintum C. V. Disser				
10. Usual occupation	Due to				
12. Name Okorles to handler	Diher conditions				
14. Maiden name Chasa Hoffman	(Include pregnancy within 3 months of death) Major fladings of operations.				
15. Birthplace Battury Kall, Med .	Date of op.				
15. Informant Ma Jallesue & M. Carrow	Autopsy results				
Address 56 49 Orlgon Ost, Salelhorfe, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:				
17. Bate thereof (manch) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory MI Clistic Cliss	Where did injury occur? (City or town) (County) (State)				
Location 2900 MANUEL WE	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?				
Address 901403 Adoless Street	al Fladala				
13. 7ev 26 19 46 Austelanti Registrar	23. SIGNATURE M. D. or other, Address 4201 Wilhers Cre Date signed 2/26/46				

9.45.15 M. VS A15

PLEASE WRITE PLAINLY, WITH UNF DING INK. Supply every item of information carefull. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Ballimore
City or town O. William RUKAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Bospital, Institution, or street address where dath occurred:	Street No. Talkastowell
Home: Janettrolle J. Ke, Phoeny, M.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) 11 veteran, name war ysi. World Was I
3. (a) FULL NAME Clarence Horatis Medical	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
I'll While Vivorces	20. DATE OF DEATH. FLV 13 19.46 et 8 32 P.
6.(b) Name of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) It alive, give age years	19 10
7. Birth date of deceased (mo., day, yr.) Abril 12, 1887	and that I last saw h
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
58 10 1 min.	test mean dume myrunters / yet
and the Rull of Day	Michitas Monda Lyn
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation Captain, USMC reliable	
11. Industry or business	Due to
	Other conditions Intervieword Unknown
12. Name. I	
	(Include pregnancy within 8 months of death)
14. Malden name Soly all The flesh other	Major findings of operations.
I 15. Birthplace Old Co. Mill.	Date of op.
18. Informant The Cold Miles Miles	Autopsy results
Address Vistenia Ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bussie Bale thereof Feb 18 1946	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory along a Math	Where did injury occur?
Location arlington Vo	Injured at home, farm, todustry, public place (where?)
18. Funeral director. Sandan M. Beooles	Means of Injury Injured at work?
	K.M VII de MID THE
Address Sparles, And	23. SIGNATURE. M. D. or other
19 2/17/ 1846 anna Price	Address Towson 4, My Bata signed 713/46.
(Date rec'd by registrar) Registrar	Address Bata Signed

RECEIVED FEB 28 1946 BURLAU VIL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Data of onsat

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1 Th	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

01388

CERTIFICATE OF DEATH

24.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown (If outside city or town limits, write RURAL and give nearest town)	state Mary land county Baltimore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. East at tree and
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20. DATE OF DEATH February 24, 19.46 a2/00 P.
8.(b) Name of husband or wife £5/e/3-Norris.	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	ars 19.40 to 7-14-2 4 19.44
7. Birth date of deceased (mo., day, yr.) 0 3 22 23 27 4 6 , 1880,	and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION Chevine Tury carelets
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation 25 Town, county, and state)	
11. Industry or business Own Farm.	Due fo
12. Name Charles Miller. 13. Birthplace Penna.	Other conditions Hypertension
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Miller.	Major findings of operations.
9 15. Birthplace Penna.	major nadings of operations. Date of op.
16. Informant Mrs. Miller Strawbridg	Autopsy results
Address Freeland And R.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Byrid Date thereof Febr 27/93	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / / / / / / / / / / / / / / CEMETERS	Where did injury occur?
Location Free And Donate	
18. Funeral director data to the transfers allows	Meens of injury Injured at work?
Address Hew Fireldon Ca	a. h. France
Fol 26 .46 Coleste & F. 00	23. SIGNATURE Q. M. France M. Dorothes
(Date rec'd by registrar)	The state of the s

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01389

3			
1			
14	Reg.	Dint.	No

	~ ************************************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nemborn infants give residence of mother)
County / Saltine	(For newborn infants give residence of mother)
City or town Bluement	State County Balling
(If outside city or town limits, write RURAL and give nearest tewn)	hatta.
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME / /	3. (b) Social Security Number
HENRY MINESCHI	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widow	20. DATE OF DEATH Feb. 18, 1946 31 6:30 AM
7	
B.(b) Name of husband or wife. Many Mujers	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give ageyears	7el 10 19 46 to 7el 12 19 66
7 Birth date of	and that I last saw h. / Talive on Feb. 1. 19.46
deceased (mo., day, yr.) Och 24, 1862	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral trombour
83 3 14hrs. min.	
But. 21	
9. Birthplace	Due to.
R.t. 1 manage	***************************************
1D. Vsual occupation.	Due fo
11. Industry or business Carmina Factory	
12 Name Brichard Premiochine	
12. Name Michael Maniechter 13. Birtholace Germany	Diher conditions
E. 13. Biringiace	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operationa
15. Birthplace standary	
	Date of op.
16. Informant Ano Quesille Klangellufer	Autopsy results.
Address monteur hid.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Buil 7.1 20-1041	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. 765 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accident, suicide, or homicide
Rolf.	Where did inkery occur?
Cemetery or crematory	Where did injury occur?
Location Baltine how	Injured at home, farm, industry, public place (where?)
a. Otamad Evans	Means of injury injured at work?
18. Funeral director	
Address 1400 S. Chao. et. Basto, Inc	and (1) he for the land
K Chie my Hamal S Ball:	23. SIGNATURE M. D. v. othes
(Date ree'd by registrar) 19 46 Mys Heward S-Warding Registrar	Address Tarkton, and Bate signed 21.87 4 6

BETARIN TATE PERSONNEL OF PERSON

TITALIO TO STADISTINGS

RYON FED FED 21 1946 BURN R correct age

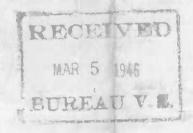
VS A15

(Date rec'd by registrar)

2411 N. Charles St., Baltimore 30-4

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Maryland	
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 years, 4 months, 7 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 4 years, 4 months, 7 days	City or town 4614 Mainfield Avenue (If outside city or town limits, write RURAL and give nea Baltimore, (If rural, give LOCATION)	rest town)
3.(a) FULL NAME Francis Michael Moan	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 27 19 46	,at4:40 a
6.(b) Name of husband or wife Emma Keenan 7. Birth date of Second Secon	21. I CERTIFY that death occurred on the date above stated; that I attended decer	27 19 46
deceased (mo., day, yr.) June 12, 1881	Immediate cause of death	
9. Birthplace Baltimore, Maryland (Town, county, and state) Trucking	Due to.	
11. Industry or business Truck 12. Name		•
14. Malden name. Mary Hughes 15. Birthplace Ireland		
16. Informant Hospital records Address Catonsville-28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	(State)
Address 5305 Harfaff Hand-14	23. SIGNATURE Isadore Tuerk, M.D.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

1. PLACE OF DEATH: Balto.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Towson		State Md. County Balto.	************
City or town	L and give nearest town)	Towson	
How long in above place of death?	······	City or town	rest town) (
Hospital, Institution, or street address where death occurred:		Street No. 809 Regester Ave.	
809 Regester Ave.	***************************************	(If rural, give LOCATION)	
How long in hospital or institution?	***************************************	2.(a) If veteran, name war	24
3. (a) FULL NAME		3. (b) Social Security I	Vumber
JOH	IN T. MORGAN	or (o) social becauty	, mad by Ca
4. Sex 5. Color or race 6.(a)Single, mai	rried, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Wi	dower	20. DATE DF DEATH Telescary 2 1946	1920 AM
6.(b) Name of husband or wife. Carrie Morgan	1	21. I CERTIFY that death occurred on the date above street; that I attended decea	sed from
5. (c) If e	live, give egeyears	and that I last saw h 12/1/alipson 3 7 4 25	
deceased (mo., day, yr.) Dec. 6. 1	881		13
	f less than one day	Immediate cause of death. COXOXXXY ///Srowbes/3	24/125
84 1 26	hrs min.		
9. Birthplace. Calvert Co., Md. (Town, county, and state)		Due to 42191 20 Sec Tox18	5775
10. Usual occupation Car Repair Man	(Retired)	Due to Essential Hypertensing	20-200
11. Industry or business B. & O. Retired		4 Renal Infairment	
Thomas Morgan		Dither conditions	
Thomas Morgan 12. Name Calvert Co., Md.			••••••
14. Malden name Alexina Thomas		(Include pregnancy within 3 months of death)	
		Major findings of operations	
15. Birthplace Calvert Co., Md			
16. Informant Mrs. Blanche Dorfler		Autopsy results	000000000000000000000000000000000000000
Address 809 Regester Ave.		PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Pariol	2/5/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fitt in the following:	
		Accident, suicide, or homicide	
Cemetery or crematory Loudon Park Cem.		Where did lojury occur?	(State)
Balto., Md.		Injured at home, farm, industry, public place (where?)	
18. Funeral director. WM. J. TICKNER & SC)NS	Meaos of Injury Injured at work?	
Address Balto., Md.		las lexan	all
*	Medziol Registrar	23. SIGNATURE M. D. o. Address 730/York Gd Date signed	.//

information carefully. The of death clearly and legibly

causes

important.

PLAINLY, vis especially

MARGIN RESERVED FOR BINDING

VS A15 PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01392

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Balto. Catonsville (If outside city or town limits, write RURAL and give nearest town) (If ontside city or town limits, write RURAL and give nearest town) Now long in above place of death?... Hospitat, institution, or street address where death occurred: Edmondson Ave. & Nunnery Lane Opitz Nursing Home (If rural, give LOCATION) Now long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number CHARLES OLIVER MYERS none 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Widower Feb. 4 May Spicer Myers 21. I CERTIFY that death occurred on the date above, stated: that I attended deceased from 7. Birth date of Jan. 31, 1865 deceased (mo., day, yr.) Days 8. AGE: If less than one day Frederick. Md. (Town, county, and state) 10. Usual occopation Salesman - Retired 11. Industry or business 12. Name...... 13. Birthplace James Oliver Myers Frederick. Md. (Include pregnancy within 3 months of death) 14. Maiden nad 15. Birthplace Mary Reid Yarbourgh Major findings of operations..... Frederick. Md. Mrs. John Sanders 16. lotermant PHYSICIAN: Please underline the cause to which death should be charged statistically. 220 Northway Address 22. VIOLENCE: If death was due to external causes, fill to the following: 2/7/46 (month) (day) (year) Burial (Burlal, cremation, or removal. Which?) Date thereof Accident, suicide, or homicide..... New Cathedral Cem. Where did injury occur? Cemetery or crematory..... (City or town) (Connty) Balto., Md. injured at home, farm, industry, public place (where?) Means of injury tolured at work? WM. J. TICKNER & SONS Balto., Md. 23. SIGNATURE M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-4)

CERTIFICATE OF DEATH

01393 Reg. Dist. No. 57

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Datta_	(For newborn infants give residence of mother)	
City or town (If outside city or town limits write RURAL NEAR and give town)	state Md County Oally	0_,
(If outside city or town limits write RURAL NEAR and give town)		Wd W-
Street address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and	give town)
	Street No.	
Stay in hospital or insl. (yrs., or mos., or days)	- (If rural give LOCATION)	
Stay in this community (yrs., or mos., or days)	2(a) IF YETERAN, NAME WAR	
3. (a) FULL NAME 84 474. 4740.12	12/1/2:15	* N 1
A	3. (b) Social Secur	rity Number
George Albert- Nash		
4. Sex 5. Color or rac 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White Marked	7/00	111 124
S D Warren	20. DATE OF DEATH	76 et 1.0 A M
i (b) Name of bushand or wife 2 aral 5. Psury Proble	21. I CERTIFY that death occurred on the date above stated; that Lattended	
6(c) If alive, give age65years	Neg 15- 1945-10 Her 2	3 1946
I. Birth date of	and that I last saw h Jan alive on Heb 22	19.46
deceased (mo., day, yr.) (OCT 11 1861		1
. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
84 4 12 hrs.	Chromo kry ocar ditis -	Lyn
P		
Birthplace (Town, county, and state)	- Due to - arterio relevosis -	
		14
). Usual occupation Of Armer	Bue to Sessility -	
1. Industry or business Framma	bue to	
12. Name Joseph Nash	10 111	2 11
	Other conditions Avalantus	wys
13. Birthplace Grafand		
14. Malden name Mattilda Toce	(Include pregnancy within 3 months of death) - Major findings:	PHYSICIAN
15 Clarence to the of	Of operations	Please underlin
E 15. Birthplace Saltimore bounty		the cause to wh
6. Informant Sarah 19, Rash		death should be charged statisti-
Home to be be wind to not	Of eutopsy	cally.
Address bockerpville ma	22. VIOLENCE: If death was due to external causes, flil in the following:	
Date thereof Her 26/46		
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide Bate of	
Cemetery or crematory Mace 11.6 6 Museum	Where did injury occur?(City or town) (County)	(State)
Location - appeared Ind	Injured at home, farm, Industry, public place (where?)	(
(0) 7 0 61		
18. Funeral director Call Typicon	Means of injury Injured at work?	
Address Drawe silead. My	0 014 65	200
0.07	23. SIGNATURE SVIMMEN (O. CM)	or M.D
19	P 1 1/1 M.	D. or other
(Date rec'd by registrar) Registrar	Address INAINE MI Date of	10mod 7 62/14

MARGIN RESERVED FOR BINDING



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()1394 53

How long in above place Hospital, institution, or Kow long in hospital or	sterstown sterstown outside city or town 1 e of death? 50 street address where	YTS death occurred	URAL and give nearest town)	City or town. Reisterst (If outside city or town Street No. 11 Butler F	County Balto a COWN limits, write RURAL and give ne ROAd , give LOCATION)	earest town)
3. (a) FULL NAM		rence	Amelia Naylor		3. (b) Social Security None	Number
4. Sex Female	5. Color or race White	1000	, married, widowed, or divorced dowed	MEDICAL 2D. DATE DF DEATH. Feb 4	CERTIFICATION 1946	at
6.(b) Name of husband 7. Birth date of deceased (mo., day,)			aylor) If alive, give ageyears 866	21. I CERTIFY that death occurred on the da	1936, to Fef 5	19.4.6a
8. AGE: Years		Days 20	if iess than one dayhrsmln.	Immediate cause of death Portuge article Portuge out Due to Proper traplito	ia	5 da
1B. Usual occupation	Housewif	<u>Ce</u>	tate)	Due to		
15. Birthplace	Baltimo	re Ci	e ty	(Include pregnancy with Majur findings of operations	Date of op	
17 Buria. (Bnrial, cremation Cemetery or cremate Location Ba. 18. Funeral director	l or removal. Which? All-Sa lto.Co.	Date there aints	ons	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Own) (Connty) ice (where?)	(State)
19.2 - S	egistrar)	. 6	ary 3. Elme. Registrar	23. SIGNATURE ALL Address Resultation	// M D	or other

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Registrar

(Date rec'd by registrar)

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The

Which of State HEA		
CERTIFICATE	OF	DEATH

Registered No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore G. Maryland	(a) State Md (b) County
b) Street address Register ave Sherwood R.	
C) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
Ursuacost Nursing Home	(d) Street N. 1813 East 332 87
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
e) Length of stay in Baltimore (yrs., mos., or days)	(c) Citizen of foreign country?
(a) FULL NAME (A PORKY)	
(b) If veteran, name war 3 (c) Social Security Accoun	MEDICAL, CERTIFICATION
No. 1	20. DATE OF DEATH 2 / 23 /46 19 , at 10 4M
Sex 5. Color or race 6 (a) Single, married, widowed, o	
Male White divoiced Widowed	ed deceased from July 1928, 10 2/23 1946,
(b) Name of husbandes with hurrisa a. Varr	and that I last saw harmalive on 2/23/1996.
6 (c) If alive, give age year	8 Immediate cause of death
Birth date of deceased (mo., day, yr. Mer 103 1867	Cerebral Temareloge 2 mo
AGE: Years Months Days If less than one day	
78 11 13 hr. min	Due to l'eflisso d'ellions
Birthplace Balto Md.	Hyperellisian vadea
(Town, county, and state)	Due to
. Usual Occupation Surlang nge xet 7. Industry or business City of Balto.	
Industry or business city of Balto.	Other Conditions
12. Name John M. Jarr	(Include pregnancy within 3 months of death) PHYSICIAN
13. Birthplace England	Date of operation
14. Maiden Name Catherine Shalby	Major findings of operation: cause to which death should be
15. Birthplace Garmany	charged statis-
	of autopsy:
(a) informan	(a) Accident, suicide, or homicide
(b) Address /8/3 & . 33 = s/;	(b) Date of occurrence
(a) Date thereof 427/46 (Burial, esemation, or removal) (month) (day) (year	
Park	(City or town) (County) (State)
(c) Cemetery or crematory Parkville Med.	(d) Did injury occur about home, on farm, industrial place, in public
Location (11900 · O . L.	place?
8 (a) Funeral director Vallage For Fue	(e) Means of injury
(b) Address 2 facul St.	23. Signature All Aasky
(Date rec'd by registrar) Difference	Address 140 3 Package Date signed 3/23/4
(Dak rec u by registrar)	Il rivores de la constitución de

INSTRUCTIONS FOR MEDICAL CERTIFICATION

E TARRETT ENTERS

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

VS A15

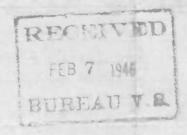
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3.d

CERTIFICATE OF DEATH

Reg. Diat. No. 347

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 12 allunovs	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Bulturore
10-40000	City or town Seekleywill
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred;	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sunnel / Patters	on u
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
m w rucdows	20. DATE DE DEATH Feb 4 1946 at 7:30 an
6.(b) Name of twobond or wife Florence & V. Putterson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Free 1936 to 7 15 4 19 4
7. Birth date of	and that I last saw h 100 alive on F.V. 2 19 46
deceased (mo., day, yr.) Nufluour	Immediate cause of death
8. AGE: Years Months Days It less than one day	(interiorescleratio Curaio
ellout 78hrsmin.	Unsular disense 7 years
na neuland	
9. Birthpiace (Town founty, and state)	Due to.
Marine	
10. Usual occupation	Due to
11. Industry or business	
12. Name Juliu Patterson 13. Birthologe Md	Other conditions
Z 13. Birthplage Mid	
	(Include pregnancy within 3 months of death)
He 14. Maiden name Susan Builblity 15. Birthplace Md	Major findings of operations.
E 15. Birthplace	
16. Informant Cleveral Courblits	Autopsy results.
a. 1. x . 15, 100 h	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Junifrited Md. R.D.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bund Date thereo! Fest 6/46	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Della Regional Communication of the Communication	Where did injury occur?
Location Bully to my	Injured at home, farm, industry, public place (where?)
Thu Oliver	Means of injury Injured at work?
18. Funeral director. Call	
Address Humpstead Mul	23. SIGHATUBE Maurie C. Varter Luce
736 5- W Cliff For old my	AM D. or other
(Date rec'd by registrar)	Address of amportand, Me Date signed 2-5-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat.	N	0	4	

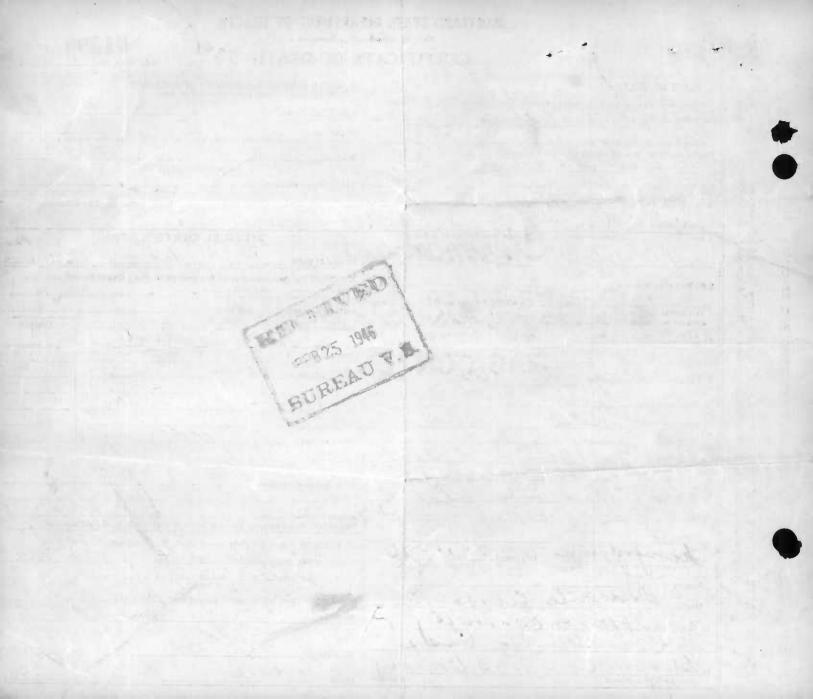
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Slate County
City or town	VIZIC
	City or town
How long in above place of death?	(II official entry of town limits, write received and give nearest www.)
Children and I fema R.	Street No
activate with the second secon	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Curtis learson!	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Colond Divorced	20. DATE OF DEATH. Febrush 1st 18 46 of 60 m
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B,(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) RACE: Years Months Days I fees than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	pactured speed
43 8hrsmin.	
D Livelle ala	1 to a face to and my
9. Birthplace	Due to Street Sy Man
(10wh, county, and scate)	for the second s
10. Usual occupation	Que to lema of Marks
11, Industry or business	
	Budit
12. Name Jenny Burks 13. Birthplace Tollopower ala	Other conditions
13. Birthplace Tollysower ala	(include pregnancy within 3 months of death)
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
14. Maiden name Buloh Dearson 15. Birthplace Dadwille ala	Date of op.
That the soll of the ble pat	
16. Informant	Autopsy results
Address	- 1 1 6
I kentation The 18-16	22. VIOLENCE: It death was due to external causes, till in the following:
(Buriai, cremation, or removal, Which?) Dale thereot (month) (day) (year)	Accident, suicide, or homicide.
(Burlai, cremation, or removal, which?) (month) (day) (year)	6 1 th be Ball I well
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Ladeville Cilabana	Injured at home, farm, Industry, public place (where?)
Location	Struck by to Houself 10
18. Funeral director from G. Obronelly	Meene of injury Injured at work?
ifet for late (6" il i	19 de 11 / Responsa
Address +18 6 auction Con times	23. SIGNATURE Self-Milie fole Wear Bello
11 16 -116 John of Iron 1100	M. D. or other
19. (Date rec'd by registrar) Registrar	Address 1010 deeds and Date signed 21-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



7 T 8 P.M. . BUNDAY BY APPOINTMENT

DR. GEO. S. M. KIEFFER

	OFFICE BHINGTON BL	DATE	1010	RESIDENCE LEEDS AVENUE
FOR				
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6	476	bur	un	al
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		4	Klep.	hid wan

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation capecially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d.

CERTIFICATE OF DEATH

()	14110
Reg. Dist.	No

1. PLACE OF DEAT County Balt	M: imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother)		
City or townPe	rry Hall side city or town limit death? 4 treet address where de	O ye	EURAL and give nearest town)	State Naryland County Baltimore City or town Perry Hall (If outside city or town limits, write RURAL and give nearest town) Cross Road (If rural, give LOCATION)		
Now long in hospital or in	stitution?	•••••	***************************************			
3. (a) FULL NAME Joh	n J Poles	ne -		3. (b) Social Security N	lumber	
Male	5. Color or race White		le, married, widowed, or divorced Widower	MEDICAL CERTIFICATION 100 Probability 100 Prob	at	
6.(b) Name of husband or	wifeAnn	a Sk	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from 19. 46	
7. Sirth date of deceased (mo., day, yr.)		ar 1	866			
8. AGE: Years 80	Months	Days	If less than one day	Immediate cause of death Myocardial insufficiency		
9. Birthplace	(Town, co	inty, and	ia ^{state)} raiser	Due to Arteriosclerosis	years	
11. Industry or business				Oue to	000000000000000000000000000000000000000	
12. Name	Unk	nown		Other conditions	***************************************	
14. Maldon name 15. Birthplace	Unk	nown		(Include pregnancy within 3 months of denth) Major findings of operations.		
.To	mes Pole	sne		Oate of op		
16. Informant	Cross	*************		Autopsy results		
Address 17. Buri (Burial, cremation, of Cemetory or cromatory. Location	al removal. Which?) Holy Bela	Oate then Red ir R	2/14/46 (month) (day) (yeer) eemer oad	22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
	7401 Bel			23. SIGNATURE. A. L. Wilkinson, M. DM. D. or		

L. a. L. Wilkinson 5713 Belan Rd

FEB 26 1946
BURFAU VE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

01401

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 3	Wa. 0 0 3 00 :
(If ontside city or town limits, write RURAL and give nearest town)	OP: Lesingo
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 1/3 Shewood ave.
But the factor of health at the Heller	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
NORMAN S. POWE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH 7-6 1 4 5 P. M
8.(b) Name of husband or wife. France w. Powell	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
	July 15- 1043 10 Frh 4 1046
7. Birth date of deceased (mo. day, vr.) 11/3/1870	and that Vast saw harman alive on The 4 19.4
deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Impediate cause of death
70 1	cerebral heurshes 21/275
· · · · · · · · · · · · · · · · · · ·	
9. Birippiace Big Furnace Maryland (Town, county, and state)	Bue to allered My ville 2
1D. Usual occupation retried	
11. Industry or business	Due to arterio S'ellisio 2
12. Name Sidney Pavell 13. Birthplace Pocomole, Maryland	Other conditions
	(Iucinde pregnancy within 3 months of death)
14. Maiden name Esther Elle's 15. Birthplace Franklin City many land	Major findings of operations.
\$ 15. Birthplace Frankley City maryland	Date of op.
16. Informant	Autopsy results.
Address 1/3 Sherwood air. Pikesvelle, Jad.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
(Burisi, cremation, or removal Which?) Date thereof Tell 6. 1946 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
4 (12)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location frederick Rd. Baltine . Maylet	Injured at home, farm, Industry, public place (where?)
18. Funeral director Frank H. Maurel	Means of Injury Injured at work?
Address Pikiwell . man Paul	84 1. 1. 0. 1. 1.
2 5	23. SIGNATUPE TO O SICKLE OF THE TOTAL OF THE PARTY OF TH
19. A U 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Pleserell & med Bate elegand the 5-4

Supplied From Albanda and RECTANGE

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		0		
D	Diat.	11	4	4
reg.	Dist.	140		********

CERTIFICAT	TE OF DEATH Reg. Dist. No.	4	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 19. Mc State Mary land County		
3. (a) FULL NAME	3. (b) Social Security Nu	mber	
Samuel Rigling 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF OBJAH	12:20 J	
6.(b) Name of husband or wife Isabelle Rigling 7. Birth date of deceased (mo., day, yr.) June 3, 1887	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 19	d from 19/9/	
8. AGE: Years Months Days If less than one day 58 8 17 hrsmin.	Immediate cause of death Coronary orelies in	OURATION / Lay	
9. Sirthplace Harrisburg, Pa. (Town, county, and state) 10. Usual occupation Cempenter 11. Industry or business	Oue to.	13m.	
12. Name Joseph Rigling 13. Birthplace Pa.	Other conditions		
14. Maiden name Mary Mark 15. Birthptace Penna. 16. Informant Mrs. Isabelle Rigling	(Include pregnancy within 3 months of death) Majer findings of operations		
Address 2206 Lincoln Ave. 19, 17. Survey Date thereof. (month) (day) (year) Cemetery or crematory. Location. 18. Funerat director. Allies Survey Address 2008 Calleans CA	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	State)	

VS A15

7eb 21 (Date rec'd by registrar)

VS A15

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 123

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution? 3. (a) FULL NAME CRACE VVOOL FOR	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(g) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. BEARWAY 15 19. 46, 21 2:35E.
S. (c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 72 4 3 hrs. min. 9. Birthplace. Baltimore, Md. (Town, county, and state) 10. Usual occupation. None	Immediate cause of death Curculatory Collar & Se DURATION Due to Fallowing incision and Arrivage About Abo
11. tndustry or business 12. Name William Woolford 13. Birthplace Dorchester Co. Md.	Other conditions Illustrations of the conditions Illustration of the conditions of operations of operations. Allows and the conditions of operations of operations of the conditions of operations of the conditions of the conditions of operations of operations of the conditions of th
16. Informant Mrs. William Davi Day Address 3811 Hadley Square, East 17. Burial Date thereot 2/18/46. (Burial, cremation, or removal, Which?) Cemetery or crematory Druid Ridge Cem. Fikesville, Md. Location	Major findings of operations. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury
18. Funeral director	23. SIGNATURE OF Thurs I Milhalland M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	200g. 2140. 1700 mm. 2400 mm.
1. PLACE OF DEATH: R	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Saldland AQ	(For newborn infauts give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State If faulfland County Bull Mars La
How long in above place of death? TH ASMA	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death orcurred;	Street No. 6.08 Edonandson And
608 Lamonda al Mill Monand	(If rural, give LOCATION)
How long In hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank Charles	Ruft None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20 DITE OF DEATH Stephen 16 10 41/2 19-4-50
Resolic Dull	20. DATE OF DEATH
B.(b) Name of husband or wife	••
7 Right date of	
deceased (mo., day, yr.) Dec. 12, 1871	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 2 4hrsmir	- Doronary Achine
9. Birthpiace Catorisville Balto Co. Mid	Due 10.
9. Birthplace (Town, county, and state)	
10. Usual occupation A plantated tilleng	Due ta Sudde deste
11. Industry or business Stations (Owned setsonal	22)
12. Name Trank Public 13. Birthplace Unknown	Other conditions Organization
3. Birthplace Maknowal	
## 14. Maiden name Dutaginia ?	(Iuclude pregnancy within 8 months of death)
	Major findings of operatious.
2 15. Birthplace Magnown	- Date of op.
16. Intermant Add Addle Auff	Antopsy results.
Address 608 Edmondson Rue Pato	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Fill- 19 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. It lease full that the	Where did injury occur?
Location Dugseside Anse, Patons is	injured at home, farm, industry, public place (where?)
Gasta I Sansal	Means of injury Injured at work?
18. Funeral director	of a partitue
Address 608 Hildlick Mil. Calors, M	23. SIGNATURE Selfor Lieffer Loan Pheles
19 2-18 1946 Starreigh Huller	M. D. on M.
(Date rec'd by registrar)	Address 310 Rect Date signed 276 X

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Du 2

Meens of Injury

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ORDERTOLER OF D	
CERTIFICATE OF D	DEATH

J OI DENIII	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: f mother)	
State Maryland c	ounty	
City or town. 637 S. Street	er Baltimore	earest town)
Street No. See above (If rural, give	ve LOCATION)	Λ/
2.(a) If veteran, name war. WW-I		
1	3. (b) Social Security	Number
166	216-09- CERTIFICATION	9251
MEDICAL C	CERTIFICATION	1
20, DATE OF DEATH February	20. 19.46	15:00 P
21. I CERTIFY that death occurred on the date a		
July 24, 1945	Feb. 20.	19.46
and that I last saw h im alive on Fe	bruary 20. 19/	6 18
Immediate cause of death		
Cerebral Hemorrhage		
/		
Due to Arteriosclerosis,	generalized	Unknown

Due to	***************************************	•••

Other conditions Cirrhosis C	of liver with	
ascites (Include pregnancy within	3 months of death)	
Major findings of operations	***************************************	
	Date of op	
Autopsy results	which death should be charge	d statisticalty.
22. VIOLENCE: If death was due to external c	auses, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town) (County)	(State)
Injured at home, farm, Industry, public place	(where?)	*******

Address MS. Ft. Howard, Md. Date signed 2-21-46

Injured at work?

1. PLACE OF DEATH: Baltimore Fort Howard
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 211 Days Hospital, institution, or street address where death occurred: Vets. Adm. Hosp. Ft. Howard, Maryland 211 Days How long In hospital or institution?.... 3. (a) FULL NAME JOHN RYDZYNSKI 6.(a)Single, married, widowed, or divorced 4. Sex 5. Color or race Male White Single Single 6.(b) Name of husband or wife 7. Birth date of 7-27-87 deceased (mo., day, yr.) If less than one day 8. AGE: Years Days 6 23 Baltimore, Maryland (Town, county, and state) Clerk 1D. Usual occupation... 11. Industry or business John Rydzynski Warsaw 13. Birthpiace HLOW 14. Maiden nad 14. Malden name Mary Warsaw 18. Informant Clinical Records, Vets. Adm. Hosp. Address Ft. Howard, Maryland Date thereof FFB, 15 45 (month) (day) (year) 17.... (Burial, cremation, or removal, Which) Cemetery or crematory.

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ADING INK. Supp Physicians: please

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (480)

CERTIFICATE OF DEATH

0140644 Reg. Dist. No.

1. PLACE OF DEAT	H:			2. USUAL RESIDENCE (HOME (For newborn infants give residence) OF DECEASED:	
Rasneburg				State Maryland county Baltimore		
City or town		Raspeburg				
				City or town	imits, write RURAL and give nee	arest town)
Hospital, institution, or str	eet address where	death occurred:			e	
		••••••••••••	***************************************		giva LOCATION)	
How long in hospital or in	stitution?	***************************************	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Marg	aret	V Schatzschne	ider	3. (b) Social Security	Number
4. Sex 5	. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	Whit	t e	Married		1046 6 40 PM	., at
B (h) Name of husband or	Cha	rles S	chatzschneider	21. I GERTIFY Mat death occurred on the date	e above stated; that I attended dece	ased from
				July 1	1846 to Feb 1	3 19.46
7. Birth date of	July	26 1	If alive, give ageyears	and that I last saw halive on	4	
deceased (mo., day, yr.)		-		Immediate cause of death Toxon	,	
8. AGE: Years	Months	Days	if less than one day			1/20001
85	6	18	hrsmin.			
9. BirthplaceBal	timore	County,	Xate)	Due to Carumana	of Cervix	
10. Usual occupation	At I	Home				
11. Industry or business		1		Due to		••••••••••••
	Cagnas	n Ente	horr	(12)	rolii Cardio	***************************************
E		Germ	bey	Uther conditions		
	77 1 1			(Include pregnancy within	n 3 months of death)	
14. Maiden name 15. Birthplace	Kather		ofstetter	Major findings of operations		
15. Birthplace		Germ	any	Major indings of operations		
Ch	arles S	Schatz	schneider			
18. Informant	hagaa	A D	a an a huma	PHYSICIAN: Please underline the cause to		
			aspeburg	22. VIOLENCE: If death was due to external		
Buria (Buriai, cremation, or		Date thereo	2/16/46 (month) (day) (year)	Accident, suicide, or homicide		
			(month) (day) (year)			
Cemetery or crematory				Where did injury occur?(City or tow	(Connty)	(State)
Location	Ster	nmers	null	Injured at home, farm, industry, public place	(where?)	3 - 0 - 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
18. Funeral director Z	esea hu	Fun	use Home	Means of Injury	tnjured at work?	
	7401 B			min.	/	
Address	, TOT DO	Lair.	1 00	23. SIGNATURE	Myadha	W
19. 2/18	19 46	John	1 Connelly	K. O.L.	//	or other
(Date rec'd by regist	rar)	11	Registrar	Address Dacolo 6	Date signed	0-11-76

CERTIFICATE OF DEATH

Dr. Baumgardner

RECHIVED FEB 22 1946 BUREAU . . PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

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80	F	Dist	N	-	/ '	4	

	Market Control of the				
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:				
Ceuny	(For newborn infants give residence of mother) Maryland State County Baltimore				
City or town	State County				
How long in abere place of death?	City or tewn ESSOX (If optside city or town limits, write RURAL and give nearest town) Schultz Lane Route 16 # 102 (If rural, give LOCATION)				
Hew long in hospital or institution?	2.(a) If veteran, name war.				
3. (a) FULL NAME	3. (b) Social Security Number				
Frederick W Schultz	o. (o) becau becauty number				
4. Sex Male S. Coler er race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2/7/46 5.30 AM 19				
6.(b) Name of husband or wife Lydia C Schultz	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from				
7. Birth date ef Nov 8 1862	and that I last saw h tain alive on 2 14 146 19				
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION Engelslomalacia DURATION				
83 2 30hrsmin.	Culled anterioselisacio				
9. Birthplace Baltimore County (Town, county, and state) Truck Farmer 11. Industry or business	Due te.				
E 12. Name Christian J Schultz 13. Birthplace Germany	Diher conditions				
	(Include pregnancy within 3 months of death)				
	Major findings of operations.				
15. Birthplace Germany 16. Informant N.rs Frederick W Schultz	Autopsy results.				
Address Schultz Lane Route 16 # 102	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Burial Burial Bate thereof 2/9/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcida, or hemicide				
Cemetery er crematory Immanus L	Where did injury occur?				
Location Grindon Ave	Injured at heme, farm, industry, public place (where?)				
18. Funeral director Lasa a how Finneral Home	Means of Injury Injured at werk?				
Address 7401 Belair Road	23, SIGNATURE JAKYNOLUE MP				
19. 2 - 7 - 18 + 4 John G. Connelly (Date rec'd by registrar) Adjistrar	M. D. or other				

VS A15

An Juller Ridge Road RECUE FEB 13 194F BUREAT

01408 42

M. D. or other

CLICITICAL	Reg. Dist. No.
City or town. (If outside city or town Minite, write RUKAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If ontside city or town limits write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sallie Spriggs Sch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced Hamale White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeara Months Days It less than one day 3.4 9 26 hrs. min.	Immediate cause of death DURATION
8. Birthplace	Bue to Ontario Hoppenlurges ?
10. Usual occupation	Due to.
12. Name Surfatt	Other conditions
14. Maiden name Dela Planch Maraston 15. Sirthplace Delta Con	Major findings of operations. Bate of op.
Address 43 wheeler an Paltante Wa	Actopsy resolts
17. (Burial, crematory, Advided) Date thereof, Tet 2 1946 (month) (day) (year)	Accident, suicide, or homicide
Location Woodlawn Md	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 80 1 W ATT LETTE Sh	088 n.sh

7. W. Hedre

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

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			CERTIFICAT	TE OF DEATH Reg. Dist. No	<i>f</i> - <i>T</i> -
How long in above place Hospital, Institution, or Vets. Adm.	Fort Howar wested city or town in ot death? 10 I street address where Hosp, Ft.	lays death occurred Howar	URAL und give nearest town) : d, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	arcat town)
3. (a) FULL NAM	HOWA		SEABREASE	3. (b) Social Security	Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 20, 19. 46.	at 12:15 E
	3 30 3	6.(0	:) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended dece February 10, 19.46 to February and that I last saw him alive on February 20, Immediate cause of death	7 20, 19 46
8. AGE: Years	Months	Days	It less than one dayhrsmin.	Bronchogenic Carcinoma	Unknown
10. Usual occupation	Huckster	•	tate)	Due to	
14. Maiden name 15. Birthplace 16. Informant Cli	Emma Rodg Maryland inical Reco	ords, V	/ets. Adm. Hosp.	(Include pregnancy within 3 months of death) Major findings of operations	
17. Burial (Burial, cremation Cemetery or crematic Location	Baltimo	Date there are Natore, Ma	ional Cemetery ryland d.,Balto.,Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)
Address Address (Date rec'd by re	23 194 B	^	- 11 1 - 1	23. SIGNATURE A. M. BALTER, LT. COL., M.C. D. Date signed	

FEB 23 1946

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1910 CERTIFICATE OF DEATH correct 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Mf outside city or town limits, write RURAL and give nearest town) carefully Alf outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospilal, Institution, or street address where death occurred: Street No. (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 213-07-1958 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING male 6.(b) Name of husband or wife. .6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: RESERVED maruland (Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations..... misu especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where did injury occur? WRITE (City or town)

Injured at home, farm, industry, public place (where?)

Injured at work?

M. D. or other

Meens of Inlury

23. SIGNATUR

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(Date rec'd by registrar)

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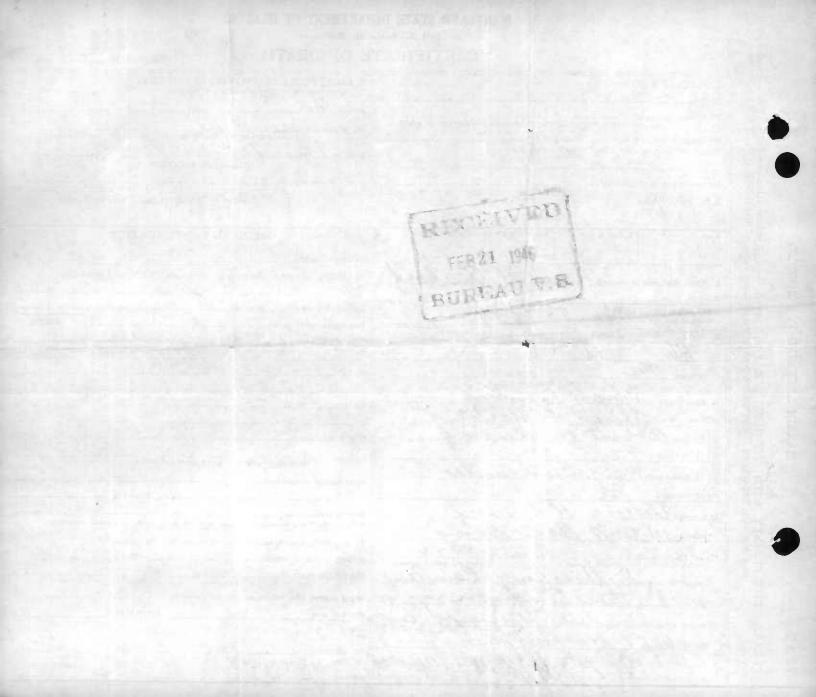
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

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R	eg. Dist. N	. 4	4

, CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	12. 7 6
nospital, mathematical, of vices and analysis analysis and analysis analysis and analysis analysis analysis analysis analysis analysis	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (á) FULL NAME Herman Suide	3. (b) Social Security Number
4. Sex 5. Color of race 8.(9) Single, married, widowed, or divarced	20, DATE OF DEATH 19 4 at 4 P. M.
8, (b) Name of husband or wife Llorence H. Sundon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that Last saw h alive on 19.
7. Birth date of deceased (mo., day, yr.) Okr. 8- 1899.	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coloray O Celusin Smin
8. Birthplace Pa	Due to
(Town, county, and state)	
10. Usual occupation Things Coulroll 11. Industry or business lierum & Martine Co.	Due to
12. Name albert # Sindon	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Guthundler 15. Birthplace Pa	Major findings of operations
É 15, Birthplace	Date of op.
Address 14 90 n. Broadwan.	Antopsy results
Address 4 9 Date thereof 7 Date thereof (month) (day) (year)	22. VIOLENCE: It deeth was due to external causes, fill in the following: Accident suicide or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	According to the control of the cont
Cemetery or crepators with the state of the	Where did injury occur? (City of town) (County) (State) Injured et home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director Messall Evaluations of Address 6067 Harroul Real Part of the Address 6067 Harroul Real	- Mannim
12-11 elle del Espred Vacatore	23. SIGNATURE Law - Ball Dor other
(Date recki by registrar)	Address Date signed Date



MARYLAND STATE DEPARTMENT OF HEALTH

	CATE OF DEATH Reg. Diat. No. 40
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balt 1 Mare City or town Cat the St	Manuel 1 P. 14.
(If outside city or town imits, write RURAL and give nearest town	n) City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
3ed Ave Carmey-Md	Street No. 2
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Annie 6	mith
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Married	20. DATE OF DEATH 7 Ebruary 3 19.46 of 1 #
8.(6) Name of husband or wife. & d.w.d. & d. B.	21. I CERTIFY that death occurred on the date above states; that I attended deceased from
7. Birih date ot	
deceased (mo., day, yr.) July 28 1899	Immediate cause of death
8. AGE: Years Months Days It less than one day	
4666hrs.	arenvalores 3
8. Birthglace (Town, county, and atute)	Due to 34
10. Usual occupation.	A. J.
11. Industry or business	Due 10.
12. Name G. F. a. r. g. e. W. H. S. R. K. J. S. R. S. R. K. J. S. R. K. J. S.	Other conditions
13. Birthplace	
14. Maiden name Translas Sawin 15. Birthplace Carlas	(Include pregnancy within 3 months of death)
2 15. Birthplace Cancaster Co. Va.	Major findings of operations.
18. Interment Mr Edward B. Sonith	Autopsy results.
Address 3rd Aug Carner Md	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) Date thereof	
Cemetery or crematory Mile dan	Where did injury occur?
Location Daltyman	Injured al home, tarm, Industry, public place (where?)
18. Funeral director L. Ja Rock	Means of Injury injured at work?
Address 5305 Warford Rd	S A Decasi Wi
2-5 No Comment	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	egistrar Address 6217 Hough Rd Date signed 2-4-

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (984)

CERTIFICATE OF DEATH

01413

1. PLACE OF DEATH: County Baltimore Reisterstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27 years Hospital, institution, or street address where death occurred: Reisterstown Rd How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Maryland County Beltimore Relsterstown (If outside city or town limits, write RURAL and give nearest town) Street No. Relsterstown Rd (If rural, give LOCATION) No. 3. (b) Social Security Number		
George Washington Smith			
4. Sex Solor or race 6.(a) Single, married, widowed, or divorced M	MEDICAL CERTIFICATION 20. DATE OF DEATH FO DYNAMY 4 19 46 1 8. P		
8.(6) Name of husband or wife. Hannah Dudley Smith 8.(c) If allve, give age. 67 years 7. Birth date of deceased (mo., day, yr.) June 27 1875	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.11.40.11.40.19.40.40.40.40.40.40.40.40.40.40.40.40.40.		
8. AGE: Years Mooths Days If less than one day 7 hrsmin.	Immediate cause of death DURATION Chronic Hygocarditis		
9. Birthplace Baltimore Md (Town, county, and state) 10. Usual occupation Cake Salesman	Due to. Coronary Sclerosis 2475		
11. Industry or business 12. Name	Other conditions Art. Solerosis 2475 Other conditions Fyrs		
14. Maiden name Sarah Neal 15. Birthplace Baltimore Md	(Include operations		
16. Informant Mrs Hannah U Smith Address Relaterstown Md	Autopsy results		
Burial (Burial, eremation, or removal, Which?) Cemetery or crematory Date thereof Feb 7 1946 (month) (day) (year) Cemetery or crematory Lorraine Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Baltimore Md 18. Funeral director Wm Berryman & Sons	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?		
18. Funeral director	23. SIGNATURE Passes A. M. D. rother, Address Pilesulle 8, M. Date signed 2/6/46		

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FEB 8 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3370

11414

			CERTIFICA	TE OF DEATH Reg. Dist. No.	30
1. PLACE OF DEA County	Baltimon Catonsvi tside city or town lin of death? 3 monthstreet address where desiring Grove	nits, write R Onths, eath occurred	: Hespital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
3. (a) FULL NAME	Julia S	Smith		3. (b) Social Securi	ty Number
female 6.(b) Name of husband o	5. Color or race white	wi	e, married, widowed, or divorced dowed Smith	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 5 19.46 21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased Irom
}	A		e) If alive, give ageyea	October 9 19 45 to Februs and that I last saw h. Cr. allve on February 5 Immediate cause of death Chronic myocarditis	19.4.6
9. Birthplace	Housew		Maryland tate)	······································	
11. Industry or business HI 12. Name	Marylar	nd	r Ze	Other conditions	
16. Informant	Catons	al rec	28, Maryland	Antopay results	ed statistically.
17		los f	Month (day) (year)	Accident, suicide, or homicide	(State)
Address / OB 3	1946	Balli	rry of miller	23. SIGNATURE Isadore Tuerk, M.D. M. I. Address. Catonsville-28, Md. Date signi	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Te		
he cor	1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
E S	City or town. (If outside/city or town limits, write RURAL and give nearest town)	State County City or town
BE	How long in above place of death?	City or town
ion carefully clearly and	Hospital, institution, or street address where death occurred:	Street No
on	How long in hospital or institution?	2.(a) It veteran, name war
ormati	3. (a) FULL NAME alfred. Inith	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
causes	M. Tr. married	20. DATE OF DEATH JEBURY 23 18 46 at 10: DAM
	6.(b) Name of husband or wife. Euma (1. Sulking h	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 23, 19.46.
ver ce t	7. Birth date of	and that I last saw h alive on Tell 19.40
y e	deceased (mo., day, yr.)	Impediate cause of death
ppl	8. AGE: Years Months Days If less than one day	Constaly montoses 20 mm.
ADING INK. Supply every if Physicians: please write the	66, 5 77hrsmin.	A A
	9. Birthplace (Town, county, and state)	Due to Conary Actione Tys.
ian	10. Usual occupation or arma	
INC	11. Industry or business Horse Dealor	940 10
Phy	El aller & mull some b	Other conditions.
Fw.	12. Name	
WITH UNI important.	13. Birthplace	(Include pregnancy within 3 months of death)
H	E 14. Malden name	Major findings of operations
WITH	N 15. 8irthplace	Dale of op.
.>	16. informant Zuma Vt. Smithungte	Autopsy results
AINLY	Hond - Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY s especial	Address And 35 Jauh	22. VIOLENCE: It death was due to external causes, till in the tollowing;
LA	(Burlal, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Loudon Park Com	Where did injury occur?
WRITE	Location Frequency av & Balto was	Injured at home, tarm, Industry, public place (where?)
	Claraus Tathus	Meens of Injury Injured at work?
SS 因	18. Funeral director	10:00 1541
EA	Address	- 83. SIGNATURE OVA J. Suasou, M.D.
F	del 24 1046 Clayer & aller	M. D. or other
1	(Date rec'd by registrar) Registrar	Address Date signed Date signed

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The correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M. D. or other

1. PLACE OF DEATH: Ballo, Co.	2. USUAL RESIDENCE (HOME) OF DECEASED:
Obtin / bassage	(For newborn infants give residence of mother)
County	
CA trade in The	StateBallisnore
(If outside city or town limits, write RURAL and give nearest town)	Dounty
(If outside city or town limits, write RURAL and give nearest town)	Oller and Long
How long to change loss of double 1	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3054 Drighton St
	Street No.
***************************************	(If rursl, give OCATION)
Mary Land In Association on Institution 2	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
S. (a) FOLL NAME	3. (b) Social Security Number
M. h	
MANN MONORONE	a my my or
4. Sex 5. Color or race 6.(a) Single, married, wild wed, or divorced	
4. Sex	MEDICAL CERTIFICATION
HOLLO	7
temaso W Ochrase	20. DATE OF DEATH 756- 15 1946, at 4/2 1
- Line	20, DATE OF DEATH 19 TO at 19 TO at 19 TO
,	of voregree in a second
B.(b) Name of husband or wife	21. I.CEBTIFY that death occurred on the date above stated; that I attended deceased from
	Jet 1 19 46 10 Feb 15 1846
	13
7. Birth date of	and that I last saw h alive on 754 4 1949
deceased (mo., day, yr.) May 25 1838	and that I last sam it
	Immediate cause of death
8. AGE: Years Months Days If less than one day	(1)
0.41	Chewal & Ellershale 40002
hrsmin.	
Harle Comment	
9. Birthplace Harford County	Due to.
(Town, county, and state)	Constant Or Fala delinas
2	
10. Usual occupation	B. II.
	Due to
11. Industry or business	
œ « A > 4	
12. Name Sommer 13. Birthplace Elemann	Dither conditions
≦ 13. Birthplace Sermany	
× 0: 1 2	(Include pregnancy within 8 months of death)
# 14. Maiden name Cosselle	
	Major findings of operations.
14. Maiden name Engilie 7 15. Birthplace Germany	
15. Birinpiace	Date of op.
16. Informant	Autopsy results
12 - 2 00	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3024 Pricellin I	
	22. VIOLENCE: If death was due to external causes, fill in the following:
- P 0 17-119-41	22. TOTALITON. IT BESSELD TO SALETHER DESCO. THE IN THE TOTAL DESCO.
(Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (mouth) (day) (year)	
Gt /Fail (has	Where did injury occur?
Cemetery or crematory	Where did Injury occur?
16 111 06	
Location III Welkers for	Injured at home, farm, Industry, public place (where?)
110 77 1	Manage of Section Sectio
10 Employed distributed of the charge	Means of Injury / Injured at work?
18. Funeral director Callet Callet	
1220 61	1/10- 21/ ~
Address 2321 Environdence con	Wille Ston Sell

A. W. (

VS A15

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9500

01417 6.

1. PLACE OF DEATH: County	*******
4. Sex Female White Widow 8. (a) Single, married, widowed, or divorced Widow 8. (b) Name of husband or wife. Samuel 7. Birth date of deceased (mo., day, yr.) April 8, 1865 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation At. Home 11. industry or business 12. Name. Adam. Seifert Other conditions S. (c) Single, married, widowed, or divorced Widow Widow 20. DATE DF DEATH. February 21. I CERTIFY that death ordured on the date above stated; that Lattendyd deceased And that I last saw h. F. L. allive on february Immediate cases of death. Carcles Oscient Security And Due to. Due to. Other conditions Divided Security And Due to. Other conditions Other conditions Divided Security And Adam. Seifert Other conditions Divided Security And Adam. Seifert Other conditions Divided Security And	et town)
Female White Widow 5.(b) Name of husband or wife. Samuel 6.(c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 80 9 23	umber
8.(6) Name of husband or wife Samuel 21. I CERTIFY that death orgurred on the date above stated; that I attended decease Name of the state of the s	INP
8. AGE: rears months bays it less than one day 80 9 23 hrs. min. Cardia Unscular Alegentrality Ulio 9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation. At Home 11. industry or business 12. Name. Adam. Seifert Other conditions Cardia Unscular Fiberlation	71,1046
9. Birthplace Baltimore, Md Due to Town, county, and state) 10. Usual occupation. At. Home Due to. 11. industry or business 12. Name. Adam. Seifert Other conditions Curil culty Fibrilla from	DURATION 2 434
< 10 Marsh 1 Communication	192:
13. Birthplace Germany	
16. Informant Mr. Charles H. Schanfelter Autopsy results 2008 Autopsy results 2008 Autopsy results 2008 PHYSICIAN: Please underline the cause to which death should be charged sta 22. VIOLENCE: It death was due to exteroal causes, fill in the following:	tistically.
17. Durial Date thereof 2/4/46 (Burial, cremation, or removal, Which?) Cemetery or crematory Loudon Park Cemta Where did injury occur? (City or town) (County)	State)
Location Frederick Rd. lojured at home, farm, industry, public place (where?) 18. Funeral director William J. Tickner & Sons Means of Injury Injured at work? Address North & Pa. Aves. 23. SIGNATURE Lake Lake	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Baltimore Fort Howard
(If outside city or town limits, write RURAL and give nearest town) Maryland Aberdeen How long in above place of death? 4 Days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. Route #2 Vets. Adm. Hosp., Fort Howard, Maryland (If rural, give LOCATION) How long in hospital or institution? 4 Days 2.(a) If veteran, name war....

3. (a) FULL NAME

4. Sex

CHARLES E. STEVENS

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

White Married Male 6.(b) Name of Myband of wife ... Alice Stevens ... 6.(c) If allve, give age 5-26-74 deceased (mo., day, yr.) If less than one day 8. AGE: 71 9 Virginia

9. Rirthniace..... Unemployed 10. Usual occupation... 11. Industry or business 12. Name. Jim Stevens

13. Birtholace Virginia

14. Maiden name

5. Coint of race

14. Maiden name Lizzie Linkenhoker Virginia

16 Informant Clinical Records, Vets. Adm. Hosp.

Date thereof han 1-1946 17. (Burlal, cremation, or removal, Which?)

Address Ft. Howard, Maryland

20. DATE DE DEATH February 27. 1946 at 6:15 AM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 23. 19.46 to February 27.19.46 and that I last saw h im alive on February 27. 19 46.

3. (b) Social Security Number

Immediate cause of death..... HEART DISEASE. Coronary Arteriosclerosis, xxx cardiac enlargement, myocardial insufficiency, auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.....

Where did Injury occur? (City or town) injured at home, farm, industry, public place (where?)

Meens of Injury RMG 23. SIGNATURE.

BALTER, LT.COL.M.CM. DCT.TR. DTR.

Injured at work?

Address Ft. Howard Md. Date signed 27746

important.

MARGIN RESERVED FOR BINDING

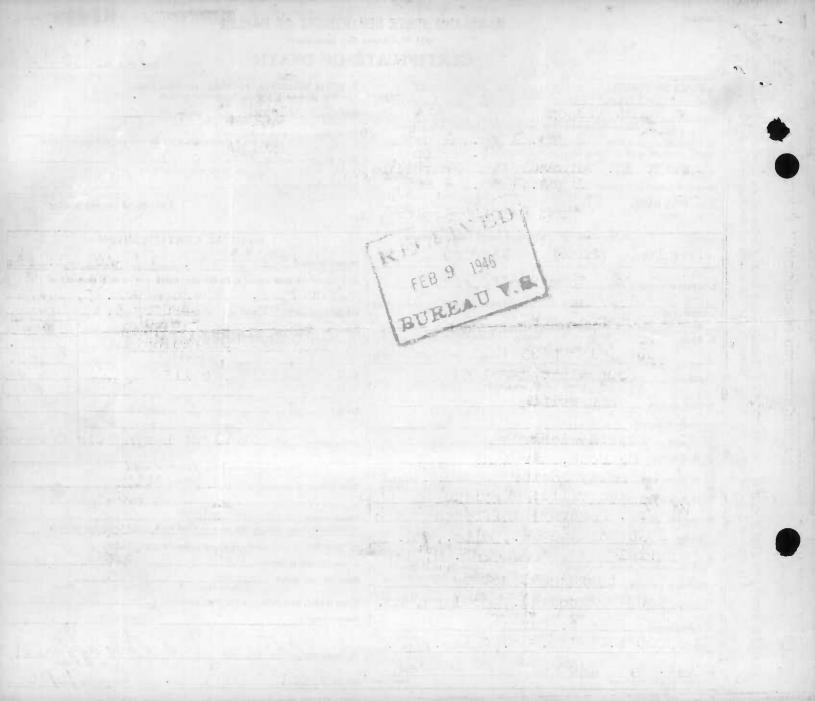
A15 AS PLEASE

2411 N. Charles St., Baltimore (3-6)

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE C	Balt	imore	20		2. USUAL RESIDENCE (HOME) OF (Fer newborn infants give residence of n		
County City or town (If eutside city er tewn limits, write RURAL and give nearest town) How long in above place of death? Oyrs.l.mo.l.day Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? Oyrs.l.mo.l.day				mo., 1 day Mt.Wilson sis Sanatorium	City or town Baltimore Course (If eutside city or tewn limits, Street No. 3930 Yolando (Ifrural, give	ty write RURAL and give nes ROAD LOCATION)	rest town)
		titution?	rs, L	mo., I day	2.(a) If veteran, name war		
3. (a) FULL	NAME	Mr		rothy Stoffrege	en	3. (b) Social Security None	Number
4. Sex		. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Fema	le	White	I	Married	20. DATE OF DEATH February 5.	19/46	1:15 AA
		. Joh	n Stot	ffregen	21. I CERTIFY that death occurred on the date about		
6.(0) Name of	nuspang or	W [[10		Vitables also and 47	January 4, 10.2		
7. Birth date of		Dogom	hon 1) If alive, give age	and that I last saw h. er alive on Fel		
deceased (m	o., day, yr.) Years	Months	Del I	If less than one day	Immediate cause of death		
o. Aue:	38	1	23	hrs. min.	Pulmonary Tubero		
9. Birthplace.			1	cyland tate)	Due to Tubercle Bacil		
				iate)	Due to		
11. Industry or		D.	- 1 1 -		Markey and and	T	TT 2
		1		ā	Other conditions Tuberculous	aLaryng L.L.	unknow
13. Birthp	ace H	andock,	Mary.	land	(Include pregnancy within 3 m	enths of death)	
H 14. Maide	n name	Daisy P	orter.		Majer findings of operations. NO OI	eration	
15. Birtha	ace	Knoxvil	le, Ma	aryland		Date of op	
16. informant.	Mrs	. Dorot	hy Sto	aryland offregen	Antepsy results	7	
Address	3930	Yoland	o Rd.	Balto., Md.			statistically.
17. Burial, cr	uria ematien, or	remeval. Which?	Date there	of Feb. 8, 1946. (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
Cametery or	crematory	Lorrai	ne Cer	metery ' ' '	Where did injury occur?(City or town)	(County)	(State)
Location	5608	Dogwoo	d Rd.	Woodlawn, Md.	injured at home, farm, industry, public place (wh	ere?)	
				1	Means of Injury	tnjured at work?	
				,Balto., Md.	1/- +	-111	11/2 10
			_	D	23. SIGNATURE SELECTION	A/July	fer (4)
19. Feb	d by regist	19.46	<u>Co</u>	I (Webslu Registrar	Address Mount Wilson, I		



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

		CERTIFICA	TE OF DEATH Reg. Dia	t. No
How long in above place Hospital, Institution, or How long in hospital or	Baltimo Edgeme outside city or town lin e of death? r street address where d	eath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md • Balto State County Balto City or town (If outside city or town limits, write RURAL a Street No. 6801 North Point Ro (If rural, give LOCATION) 2.(a) It veteran, name war.	nd give nearest town)
3. (a) FULL NAM		eles C.Strasbaugh	3. (b) Social 213-07	Security Number 7-0197
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICAT: 20. DATE DF DEATH February 9th.	3 (
7. Birth dale of deceased (mo day. 8. AGE: Year 6 0 9. Birthplace	yr.) July 13 s Months 6 Pa. Retired 5	Strasbaugh 6.(c) It alive, give age years 5th.1885 Days If less than one day 25 hrs. min.	and that I last saw h	9 19 19 19 DURATION
	Pa.	Strasbaugh oint Rd.	(Include pregnancy within 3 months of death) Major findings of operations	e charged statistically.
	Bal Dhilyo 2024 price	Parkwood Cem. To Md. Parkwood Start Star	22. VIOLENCE: If death was due to external causes, till in the folion Accident, suicide, or homicide	e of

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

01421

			2411 N. Cha	rles St., Baltimore 97	01401	
			CERTIFICA	TE OF DEATH	Reg. Dist. No	•••••
County			ville UKAL and give nearest town) 74 Years :	City or town Brookland (If outside city or town I Hillstead	County Baltimore No ville Imits, write RURAL and give nearest t	lown)
How long in hospital or in	stitution?			2.(a) If veteran, name war		• • • • • • • • • • • • • • • • • • • •
3. (a) FULL NAME	Isaa	ac Lo	oe Straus		3. (b) Social Security Num	ber
4. Sex Male	5. Color or race White	b.(a)Single	idowed	MEDICAL 20. DATE DE DEATH.	CERTIFICATION	9 a
6.(b) Name of husband or				21. I CERTIFY that death occurred on the dat	le above stated; that I attended deceased f	rom
7. Birth date of deceased (mo., day, yr.)	March	24,	t) If alive, give ageyea	and that I last saw h f. Af. alive on		DURATION
8. AGE: Years 74	Months 10	Days 10	It less than one day	a lavio sel	Le Deterioration	
9. Birthplace	(Town,	county, and	Maryland	Due to	Both 1091-	
11. Industry or business			ry Straus	- Ciher conditions		
13. Birthplace	Baltim Annett			(Include pregnancy with		
15. Birthplace	Baltim					
16. Informent Henry L. Straus Address Reisterstown, Md.			d.	PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to extern	tu which death should he charged statis	tically.
Burial Date thereof 2/7/46 (Burial, cremation, or removal, Which?) Cemetery or crematory Har Sinai				Accident, suicide, or homicide	Date of	
Cemetery or crematory	Baltim			Injured at home, farm, Industry, public place	ce (where?)	are)
18. Funeral director	805 N.	Calve	rt Street	Means of Injury	Impured at work?	
	46		Wegiste Registr	23. SIGNATURE Address // / 5 d D Aum	M. D. or ot Date signed 2.	1 /11.

VS A15

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1422

1	1. PLACE OF DEATH					930 100	
	County	Bal	timore			Registration Dist. No. 34	
Village or City Catonsville				lle		NoSt.,	Ward
						death occurred in a hospital or institution, give its NAME instead of street and i	
						ds. How long in U.S. if of foreign birth?yrsm	sds.
2	. FULL NA	ME	Ione Jack	son Stua	rt	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	39 W. Pre	ston St. (Usual place		St., Ward. Baltimore, Md. \(\text{Uf nonresident give city or town and}\)	State
	PERSON	AL AN	ID STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed			OR DIVORCE	D (write the word)	21. DATE OF DEATH February 7 (Month) (Dey)	, 193.46 (Year)	
5a.	If married, widow HUSBAND of (or) WIFE of		hard D. S	Stuart		22. I HEREBY CERTIFY, That I attended	deceased from
6.	DATE OF BIRTH ((month, da	y, and year) Ju]	ly 6, 185	8	I last sew h alive on Fet	death is seld
7.	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at6m.	
	8	7	7	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
NOI	8. Trede, profes kind of v SAWYER,	ssion, or p vork done, BOOKKEI	articular as SPINNER, EPER, etc	seamstre	SS	Myorardins	1
OCCUPATION	9. Industry or work was SAW MIL	done es	n which SILK MILL, etc	re	tired	Gelindyed asternol	3
000	10. Oate deceased last worked at this occupetion (month end year)						
12. BIRTHPLACE (city or town) Cecil County, Md. (Stete or country)			ounty, Md	•	Other Contributory Causes of Importance:	-	
© 13. NAME Phillip F. Jackson				son			
FATHE		(city or to	own) Cecil		Md.	Name of operation Date of What test confirmed diagnosis? Was there an a	
83	15. MAIOEN NA	ME AT	melia S. (Owens		23. If death wes due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or to	own) Ceci		Md.	Accident, suicide, or homicide?	
(State or country) 17. INFORMANT Mrs. Edna M. Bollman			ollman		Where did Injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL		
(Address) 1825 N. Forest Park Ave. Balto.			Park Ave	.Balto.			
18. BURIAL, EREMATION, FOR REMOVAL Place Loudon Park Cem! typate 2/9/46			2/0/	'A C	Manner of injury		
	Place LOU	don t	ark cem	J. Date _4/3/	朱勺,19	Nature of Injury	
19.	UNDERTAKER (Address)	an O. 900 E	Mitchell a	e, Balto	., Md.	24. Wes disease or injury in any way related to occupation of deceased?	
20.	FILED 2-	9	1946 Ha	1 aly	eller berty Registrar.	(Signed) for 4. Lahmon (Address) fellicottes	M. D. 2-8-41
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

2411 N. Charles St., Baltimore 18-6

CERTIFICATE OF DEATH

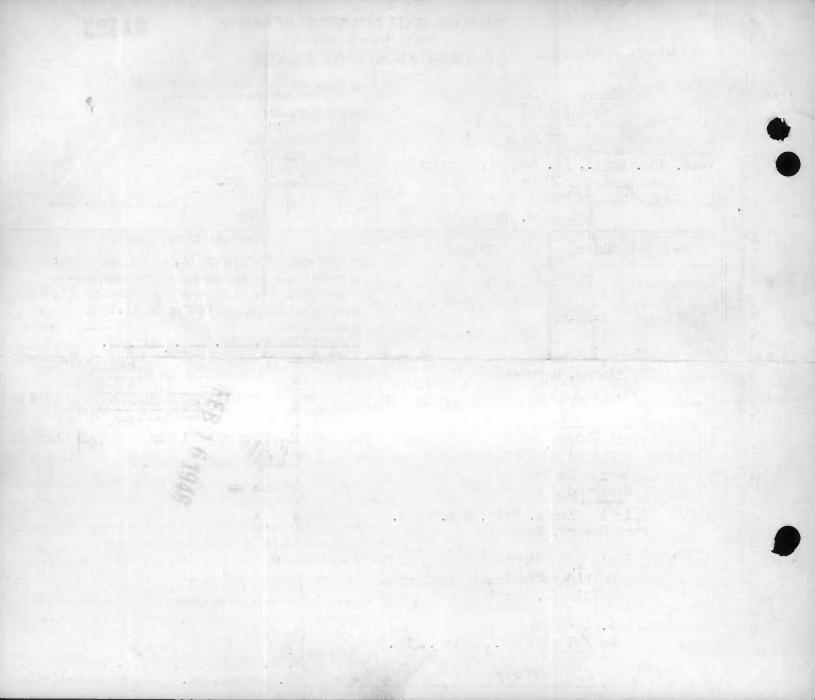
Reg. Dist. No.

1. PLACE OF DEATH; County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
Fort Howard	State Maryland County		
City or lown	Middle River		
How long in above place of death? 30 Days	City or fown (If outside city or town limits, write RURAL und give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Box #283		
Vets. Adm. Hosp., Ft. Howard, Maryland	(If rural, give LOCATION)		
How long In hospital or institution? 30 Days	2.(a) If veteran, name war		
JOSEPH M. THOMAS	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed			
	20. DATE OF DEATH. February 14, 46		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	January 15, 19 46 10 February 14, 19 46		
7. Birth date of	and that I last saw h im alive on February 14, 1946 19		
deceased (mo., day, yr.) 4-24-92			
8. AGE: Years Months Days If iess than one day	Immediate cause of death DURATION		
53 9 20hrsmin.	Tuberculosis, chr. pul. far adv.		
	active Unknown		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to		
10. Usual occupation Janitor	Due to		
11. Industry or business			
12 Name Robert Thomas	Other conditions Cirrhosis of liver Unknown		
12. Name Robert Thomas 13. Birthplace Maryland	U(III) CUITUIII)		
	(Include pregnancy within 3 months of death)		
14. Maiden name Fannie Wooden	Majur fludings of operations		
15. Birthplace Maryland	Bate of op.		
16. Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results		
Address Fort Howard, Maryland			
Runio7 18-7-1946	22. VIOLENCE: tf death was due to external causes, fill in the following:		
Burial (Burial, cremution, or removal, Whileh?) Date thereof 18 7-46-1946 (month) (day) (year)	Accident, suicide, or hamicide		
Baltimore National Cemetery	Where did injury occur?		
Baltimore Maryland			
Baltimore, Maryland	injured at home, farm, industry, public place (where?)		
18. Funeral director	Moans of Injury injured at work?		
	M B B		
Address 4644 York Road., Balto., Md.	23. SIGNATURE CONTROLLED		
19) 2/16 1946 a.M. Hedrick	A. M. BALTER, LT. COL., M.C. CEIN DIR.		
19) 2/16 19 46 a.M. Reduch			

VS A15

The correct age

PLEASE WRITE PLAINLY, WITH UNF DING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.



NA'L: Film GlOO 2-26-46 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01424

Au		
	Reg.	I

CERTIFICA	TE OF DEATH Reg. Dist. No	50
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred: How long in hospital or instilution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME ANNIE Elizabeth To	inker 3. (b) Social Securi	ty Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced 1. Sex	MEDICAL CERTIFICATION 20. DATE OF DEATH	6 at 7:00
6.(c) Name of husband or wife 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9.44	and that I last saw h Ale alive on The Immediate cause of death. Jellmureel Doypustules	1919.
9. Birthplace	Due to Cerate Dazeeley	2 6Ms
11. Industry or businese 12. Name	Other conditions	J. GC
14. Malden name. Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	
18. Informani Am. Sumber Address Summit Park afts.	Antopsy results	
17. Burial, cremation, or removal. Which?) Date thereof 3.6. 23, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide	
Cemelery or crematory Balting	Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?	
18. Funeral director torge a traveley	misens of injury injury	

Registrar

2 — 22 (Date rec'd by registrar)

FEB 25 1946 BUREAU V.S.



CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH- County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME George albert Toda	3. (b) Social Security Number 3.54-01-6411
4. She State State of rage 6.(a) Single married, widowed, or divorced have a state of husband or wite.	20. DATE OF DEATH PLUMANY 13- 1976 at 6 P. A. 21. LEGITIFY that death occurred on the date above stated; that I stended beceased from 3, 19. 4.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day Months Marulana Mar	and that I last saw har fally on Feb. 19.46 Immediate cause of death DURATION Z Days Due to.
1D. Usual occupation	Oue to Other conditions
14. Malden name. Martha Seathy 15. Birthplace Mary Land 16. Informant Mas. Claniche St. John Address Parte & Stemann Mas.	Major findings of operations. Date of op. Autopsy results. PHYSICIAN; Please underline the cause to which death should be charged statistically.
17. Date thereof (fronth) (day) (year) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Durace Funeral Some Address 363/ Fights Road, Bathimore 19. 7-4/ 19 16 Current Registrar (Date rec'd by registrar)	Means of Injury Anjured at work? Address Address M. D. or other Address Date signed 2/14/46

VS A15

Ur. Hudson

The correct-age

MARGIN RESERVED FOR BINDING

VS A15

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information car fulls. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9

¥ Reg. Dist. No. 34

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
Cily or town. Carpeico:	State Maryland County Bultinoss
(If jutside city or town limits, write KUKAL and give nea	arest town)
How long in above place of death? 20 4 Rues	City or town (If outside ofty or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death of curred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Surry Clinton	rusey
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	divorced MEDICAL CERTIFICATION
m w m.	701 - 1 1 11 11 150
10 - m. (1	20. DATE OF DEATH February 16 19.46 at 11 . 13 P. M
6.(b) Name of the Bessie M / nasey	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	6 4 years Jeb 16 1946 10 Feb 16 1946
T. Birth date of deceased (mo., day, yr.) Fub 17-1860	and that I last saw h. LAMA. alive on
8. AGE: Years Months Days It less than one di	Immediate cause of death Quite Dilatotion of DURATION
85- 11 79 hrs.	" Hoart Sudden
8. Birthplace (Town, county, and state)	Due to Claute indigettion
0.11	
10. Usual occupation	Due to
11. Industry or business	
12. Name Dealis Meny Court	Other conditions
13. Birthplace many land	
El Mille Price	(Include pregnaucy within 3 months of death)
14. Maiden name Many Price 15. Birthplace Many Land	Major findings of operations
\$ 15. Birthplace / Wary Counc	Date ot op.
16. Interment Mus & Gracy	Antopsy results
Address upperes med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13. VII (H.//	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	lay) (year) Accident, suicide, or homicide
Cemetery or crematory Gruck	Where did injury occur?
Bult An Mid	
Location	Injured et home, farm, industry, public place (where?)
16. Funeral director Zdw Typlon	Means of Injury Injured at work?
Address Hay beteld ned	6 100 4 11 9
- I amy new you	23. SIGNATURE CULTULE Co. Stowble Mo.
19 tab. 17 1946 Cyril 6. tout	M. M. D. or other
(Date rec'd by registrar)	Registrar Address Date signed Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEA	TH

	Reg. Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Grorge John Trapp	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Wale White Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 7 19 46, 21 1: 30 P.M.
6.(b) Name of husband or wife Lydia A Burth Snaf	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 24, 854 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birihpiace Blendeine Balto Co. Jul	Remarkage Due to.
1D. Usual occupation. Betare & farmed	Due to
12. Name John George Snopp	Differ conditions
14. Maiden name Magdalura Beck 15. Birthplace	(Include pregnancy within 3 months of death) Major fiadings of operations.
16. Informant Miss Emmal 3rapp	Autopsy results
17. Burial, cremation, or removal. Which?) Date thereof Fig. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Blandscare Ballungare Co. M.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Classica W. Completin Son	Means of Injury Injured at work? 23, SIGNATURE Cliebell B. Sherill M. S.
19. Det 19 (Date rec'd by registrar) 19. Carry Registrar	23. SIGNATURE M. D. of other Address. Cuckeys will. M. D. bate signed. 7. Mal. 1.77.

Cockeysville 309912

MARYLAND STATE DEPARTMENT OF HEALTH Be

2411 N. Charfes St., Baltimore

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CERTIFICATE OF DEATH

	fes St., Baltimore	
CERTIFICA	TE OF DEATH Reg. Diat. No	32
1. PLACE OF DEATH: County Baltimore Mount Wilson	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County	
City or town	City or town Baltimore City (If outside city or town limits, write RURAL and give near Streel No. 134 Willard Street (If rural, give LOCATION)	rest town)
3.(a) FULL NAME Mrs. Elizabeth Wade	3. (b) Social Security A 213-12-28	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH February 10, 19 46	.8:50 P
8.(b) Name of husband or wife Lloyd O. Wade B.(c) If alive, give age 2.7 year 7. Birth date of deceased (mo., day, yr.) March 18, 1918	21. I CERTIFY that death occurred on the date above stated; that I attended decea March 20, 19.45 to Feb. 10 and that I last saw h. er. alive on February 10,	19.46
8. AGE: Years Months Days If less than one day 27 10 23	Immediate canse of death Pulmonary Tuberculosis	.15 Mos
9. Birthplace Baltimore, Maryland (Town, county, and state) 18. Usual occupation Housewife	Due to Tubercle Bacilli	
11. Industry or business	Due to	
12. Name Adam Miller 13. Birthplace Rumania	Other conditions Tuberculous Laryngitis	.15. Mos
14. Malden name Susan Schneider	(Include pregnancy within 3 months of death) Major findings of operations. No operation	
Rumania 16. Informant Mrs. Elizabeth Wade Address 134 Willard St., Balto., Md.	Autopsy results. No autopsy PHYSiCIAN: Please underline the cause to which death should be charged a	
17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory New Cathedral Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location 4300 Old Fred. Rd., Balto., Md. 18. Funeral director George L. Schwab	Injured at home, farm, Industry, public place (where?)	
Address 2101 Frederick Ave., Balto., Md.		'n mik
19 Feb. 10 1946 Earl of Webster	Mount Wilson Md Bata stand	2/10/46

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Feb.10
(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

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eg. Dist.	No.	de	/	7	

County Baltimore City or town Fort Howard City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 119 Days Hospital, institution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Maryland How long in hospital or institution? 119 Days 3. (a) FULL NAME MALICHI NEWBY WARD 4. Sex Male 5. Color or race Married White 6. (a) Single, married, widowed, or divorced Married 6. (b) Name of husband or wife Carrie R. Ward 5. Sirth date of	State Maryland County. City or town Arnold (If outside city or town limits, write RURAL and give nea Street No	Number 11:20P ased from y 62.18 46
Vets. Adm. Hosp., Ft. Howard, Maryland How long in hospital or institution? 119 Days 3. (a) FULL NAME MALICHI NEWBY WARD 4. Sex Male 5. Color or race Married, widowed, or divorced Married 6. (b) Name of husband or wife Carrie R. Ward 6. (c) If alive, give age 69 years	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 21. I CERTIFY I hat death occurred on the date above stated; that I attended decernor of the date above stated; the date above stated above s	Number 11:20P 11:20P 12:46
MALICHI NEWBY WARD 4. Sex	MEDICAL CERTIFICATION 20. DATE DF DEATH February 6, 146 21. I CERTIFY that death occurred on the date above stated; that I attended decer October 10, 19 45 to February and that I last saw h im allve on February 6,	at 11:20P ased from y 6, 19, 46
Male White Married 6.(6) Name of husband or wife Carrie R. Ward 6.(c) If alive, give age 69 years	20. DATE DF DEATH February 6, 146 21. I CERTIFY I hat death occurred on the date above stated; that I attended decer October 10, 19. 45 to February and that I last saw h im alive on February 6,	y 6, 18 46
	October 10, 19 45 February and that I last saw h im allve on February 6,	y 6, 18 46
	Yamalista associate death	
deceased (mo., day, yr.) 8-24-75 8. AGE: Years Months Days If less than one day 70 6 12 hrs. min.	Disease of the heart Coronary Arteriosclerosis,	plus
9. Birthplace	Anginal Syndrome	
11. Industry or business 12. Name. Andrew Ward 13. Sirthplace North Carolina	Other conditions Hypertension, arterial Pyelonephritis, chronic	
14. Malden name Mary Newby 15. Birthplace North Carolina	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Clinical Records, Vets. Adm. Hosp. Address Ft. Howard, Maryland	Antopsy results	statistically.
Burial Date thereof (month) (day) (year) (Burial, cremation, or removal, Which?) St. Margaret's Episcopal	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
St. Margaret's, Maryland	injured at home, farm, industry, public place (where?)	
18. Funeral director. Annapolis, Maryland 19. Feb. 8 (Date ree'd by registrar) 19. Capt f. J. Tolliann Registrar	Rine 23. SIGNATURE A. M. BALTER, LT. COL., MI.C.	or Offert N 1

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COPY SENT TO THE PRISTRAN UND DATE 2/11/46

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M. D. or other

Willers Gre

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	Street No. 42/5	County
3. (a) FULL NAME	111	3. (b) Social Security Number
4, Sex 5. Color or race (\$6.(a) Singlo, married, widowed_or divorced	MEDICA	1/one
Female White Widow		AL CERTIFICATION 19 46, st 9:30 P.
8. (b) Namo of husband or wife	21. I CERTIEY that death occurred on the	date above stated: that I attended disseased from
9. Birthpiaco Baltimore Manyland 10. Usual occupation.	Oue to Mailed gor arterioreless	yeards.
11. Industry or business 12. Name Las Aires 13. Birtholace Manufold	Other conditions Centreal	la fibillation
14. Maiden name Sarah Puldicord 15. 8irthplace Maryland	(Include pregnancy wi	
16. informant Mrs. Willis Mr. Vowell, Address 4215 Kensington Road	Autopsy results	e to which death should be charged statistically.
17. Burial Date shoreof. 2 7 46 (Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Meadow ridge, Memorial Park	Accident, suicide, or homicide	Dafe of
Location Deveral Country De State	Where did injury occur?(City or Injured at home, farm, industry, public pi	lace (where?)
18. Funeral director Fragge T. Schwab Address 2101 Frederick avenue Balto Ma	Moans of Injury	Injured at work?
Addiess -101 11 minor wormer wallo 199.	23. SIGNATURE SHEY	1. Cocalian, y. N.

awneday

Registrar

Address.

VS A15

2- (Date rec'd by registrar)

19 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore Catonsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)
Spring Grove State Hospital	Street No. 1855 N. Collington Ave. (If rural, give LOCATION)
How long in hospital or institution? 6 months, 4 days	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Matilda Weichseldorfer	00
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH February 21 19 46, at 10:55.a.
6.(b) Name of husband or wife John Weicheseldorfer 6.(c) If alive, give age years 7. Birth date of	21.1 CERTIFY that death occurred on the date above stated: that lattended deceased from August 17, 1945
	and that I last saw h. er alive on February 21 19 46
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Terminal Broncho-pneumonia 3 days
69 9 3hrsmin.	
9. Birthplace	Due to Acute myocardial insufficiency 4 days
1D. Usual occupation Housewife	Broad a
11. Industry or business Home	Chronic arteriosclerotic cardio- Indef.
12. Namo John Schrank 13. Dirthplace Germany	Other conditions vascular disease.
14. Malden name Mary Maria 15. Birthplace Germany	(Include pregnancy within 3 months of death)
5 15 Righelese Germany	Major findings of operations.
Hamital Paganda	Autopsy results. 20
0.1310	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Catonsville 28, Maryland 17 Bureal Date thereof 2-23rd/946 (Burlal, oremation, or removal, Which?) (Burlal, oremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Sole Redemen	Where did injury occur?
Location Belain Roady	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lea J. Look	Meens of Injury Injured at work?
Address / 701-03 h Patterson Park ave	Isadore Tuerk 23. SIGNATURE
19. 2-22 19.46 Harry of Muller (Date rec'd by registrar) (Date rec'd by registrar)	Address Date signed 2/21/46

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Dr. George S.	Kieffer MARY	YLAND STATE DEPARTMENT OF HEALTH	nel
2470 Washingt		2411 N. Charles St., Baltimore	

CEDTIFICATE OF DEATH

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Res	, I	dist	. N	lo. 1	30	

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: county Catonsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por newborn infunts give residence of mother)
	State Maryland County
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	Doltimono
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Burka Nursing Home	Street No. 2907 Northern Parkway (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sarah Agnes Wertz	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	28. DATE OF DEATH. February 4th, 19 46 of 10 R
6.(b) Name of husband or wife Emmanuel H. Wertz 6.(c) If allre, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 5th, 1856	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
89 8 30hrsmin.	acute Cardian Failine
9. Birthplace Abbottstown, Pa. (Town, county, and state) 10. Usual occupation at home	Due to. Cardio varcular directo
10. Usual occupation	Due to
	Other conditions forgung
12. Name Solomon Maul 13. Birthplace Pa.	
14. Malden name?	(Include pregnancy within 8 months of death)
14. Maiden name?	Major findings of operations
16. Informact Mr. Ira N. Wertz	Autopsy results
Address Hillendale, Silver Springs, 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bartal Date thereof 2-6-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory Lutheran Cemetery	Where did injury occur? (City or town) (County) (State)
Location Abbottstown, Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director Leonard J. Ruck	Means of injury injured at work?
Address 5305 Harford Road	23. SIGNATURE M. D. or other
19. Felt (Date rec'd by registrar) 19.46 Harriffly Hullu Registrar	Address /010 Keeds an Date signed 2-4-4

FEB 8 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Date signed 2/28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Lucius 2	(For newborn infants give residence of mother) State
(If out you city or town limits, write RURAL and give nearest town)	16 6 6
How long in above place of death? 40 Teaso	City or town (If outpide city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Washington turn Wheeler	· ·
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w named	20. DATE OF DEATH February 28 1946 212:300
Mester a Wheeles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of Ausband or wife	July 141 1 Fet 18 1141
7. Birth date of years	and that I last own in allye on Fit 28 1946
deceased (mo., day, yr.)	Immediate cause of death. OURATION
8. AGE: Years Months Days It less than one day	acute Gulmonny
68 - /7hrsmin.	Oedenia 45mm
9. Birthplace Maryland	Due to acute left vintricular
(Town, county, and state)	failure 1 hr
10. Usual occupation. Peet Justices	Due to Alexantensine o.
11. Industry or business	Cardio Vasculm Chance 15 qua
12. Name Will The Wheeler 13. Birthplace Null	Dther conditions
₹ 13. Birthplace nuc	
14. Maiden name Elizabeth JanuaroxX 15. Birthplace	(Include pregnancy within 3 months of death)
15 Birthalaca 911A	Major findings of operations.
Jul Parl - Vill and	- Date of op
16. latermant W access which	Antopsy results
Address Herefisted The	
17 Bunal Date thereof Mar 2/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Sultres hex	Injured at home, farm, Industry, public place (where?)
18. Funeral director Saw Olifston	Means of Injury Injured at work?
21. 1/4-1 21.1	n 08.1.1
Address Hampiter Ma	23. SIGNATURE Planie C. Vartinfind
13 Mclan 1846 Cyril 6. Towle M. N.	African tend med M. D. of other
(Date rec'd by registrar) Registrar	Address Date signed A / 10 / Y

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and regibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

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Disa	W.T.	21

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of deeth?..... (If outside city or town limits, write RURAL and give pearest town) Hospital, institution, or streat address where death occurred: (If rural, give LOCATION) How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION Married 7. Birth date of deceased (mo., day, yr.) DURATION Years if less than one day 8. AGE: 13. Birthpiace (Include pregnancy within 3 months of death) 14. Maiden nar PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externel ceuses, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) Joured et home, farm, industry, public place (where?) Means of injury Injured et work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore K3-0

CERTIFICATE OF DEATH

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			M	2
. 20	Dist.	No.	4	U

1. PLACE OF DEATH TURN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of death?	City or town Parkville (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7811 Clarksworth Place
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) PUDLINAME	3. (b) Social Security Number
Ofargant d. Ulsenai	ier.
4. Sex 30 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH. TWO. 13 PM
8.(6) Name of husband or wife John A Wisenauer	21. I CERTIFY that death occurred on the date above stated; thet I ettended deceased from
7. Birth date of deceased (mo., day, yr.) July 11 1915	and that last saw hallve on
8. AGE: Years Months Days It less than one day	Immediate cause of death. Mouspide DURATION
0. AGL.	CALLAN MOCENTA
30 7 2hrsmln.	PARSONUL
9. Birthplace State Nichigan (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
E 12. Name Glenn H Perkins	Dither conditions
12. Name Glenn H Perkins 13. Birthplace Michigan	
	(Include pregnancy within 8 months of death)
E 14. Malden name. Greta Clark E 15. Birthplace Michigan	Major fiudings of operations.
15. Birthplace Michigan	Date of op.
18. Informant John A Wesenauer	Autopsy results
7811 Clanksweath Dlace	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was que to external causes, till in the following;
17. Burial Date thereof 2/16/46 (month) (day) (year)	Accident, suicide, or homicine
	l a d d
Cemetery or crematory Glen Haven Cemetery	Where did injury occur? (City or town) (County) (State)
Location Anne Arundel County	Injured at home, farm, Industry, public place (where?)
16. Funeral director Lassahw Fineral Home	Meane of Injury Injured at work?
Address 7401 Belair Road	(MB vavio ms
19. Seb. 14 19 46 Mrs. a. L. Reissinder	23. SIGNATURE DAY ELANUM BANK DOOR OFFICE

FEB 30 1946
BURLAU V K